DOCUMENT RESUME

ED 249 206 SP 025 334

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TITLE Variables in Exceptionality. The Meaning of Exceptionality and the Nature and Scope of Special Education.
INSTITUTION Minnesota Univ., Minneapolis. National Support Systems Project.
SPONS AGENCY Office of Special Education and Rehabilitative Services (ED), Washington, DC. Div. of Personnel Preparation.
PUB DATE Oct 81
GRANT OEG007902045
NOTE 101p.; For other modules in this series, see ED 238 844 and SP 025 332-354. For the genesis of these modules, see ED 186 399. Reviewed by Barbara K. Given and James Raths.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Disabilities; *Educational Diagnosis; Exceptional Persons; Higher Education; Individualized Education Programs; Learning Modules; *Mainstreaming; Preservice Teacher Education; Program Evaluation; *Special Education; Student Needs; *Teacher Education Curriculum; *Teacher Educators
IDENTIFIERS Education for All Handicapped Children Act

ABSTRACT

This module (part of a series of 24 modules) is on the background and scope of special education. The genesis of these materials is in the 10 "clusters of capabilities," outlined in the paper, "A Common Body of Practice for Teachers: The Challenge of Public Law 94-142 to Teacher Education." These clusters form the proposed core of professional knowledge needed by teachers in the future. The module is to be used by teacher educators to reexamine and enhance their current practice in preparing classroom teachers to work competently and comfortably with children who have a wide range of individual needs. The module includes objectives, scales for assessing the degree to which the identified knowledge and practices are prevalent in an existing teacher education program, and self-assessment test items. Topics discussed in this module include exceptionality and special education, background and current status of special education, integration and labeling, the meaning of mainstreaming, perspectives on "handicap" and the teacher's role, and specific exceptional conditions. Bibliographic references and journal articles are included on avoidance of stereotyping in literature and effective mainstreaming in the schools. (JD)

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This module is one in a series of modules. The series is intended for use by teacher educators to prepare all teachers to work competently and comfortably with children who have a range of individual needs. The genesis of the modules is in ten "clusters of capabilities" that are outlined in the paper, "A Common Body of Practice for Teachers: The Challenge of Public Law 94-142 to Teacher Education." The "clusters" form the proposed core of professional knowledge needed by teachers who will practice in the world of tomorrow. Each module provides further elaboration of a specified "cluster of capabilities"--in this case, Exceptional conditions: The meaning of exceptionality and the nature and scope of special education.

Extending the Challenge:
Working Toward a Common Body of Practice for Teachers

Concerned educators have always wrestled with issues of excellence and professional development. It is argued, in the paper "A Common Body of Practice for Teachers: The Challenge of Public Law 94-142 to Teacher Education," that the Education for All Handicapped Children Act of 1975 provides the necessary impetus for a concerted reexamination of teacher education. Further, it is argued that this reexamination should enhance the process of establishing a body of knowledge common to the members of the teaching profession. The paper continues, then, by outlining clusters of capabilities that may be included in the common body of knowledge. These clusters of capabilities provide the basis for the following materials.

The materials are oriented toward assessment and development. First, the various components, rating scales, self-assessments, sets of objectives, and respective rationale and knowledge bases are designed to enable teacher educators to assess current practice relative to the knowledge, skills, and commitments outlined in the aforementioned paper. The assessment is conducted not necessarily to determine the worthiness of a program or practice, but rather to reexamine current practice in order to articulate essential common elements of teacher education. In effect then, the "challenge" paper and the ensuing materials incite further discussion regarding a common body of practice for teachers.

Second and closely aligned to assessment is the developmental perspective offered by these materials. The assessment process allows the user to view

current practice on a developmental continuum. Therefore, desired or more appropriate practice is readily identifiable. On another, perhaps more important dimension, the "challenge" paper and these materials focus discussion on preservice teacher education. In making decisions regarding a common body of practice it is essential that specific knowledge, skill and commitment be acquired at the preservice level. It is also essential that other additional specific knowledge, skill, and commitment be acquired as a teacher is inducted into the profession and matures with years of experience. Differentiating among these levels of professional development is paramount. These materials can be used in forums in which focused discussion will explicate better the necessary elements of preservice teacher education. This explication will then allow more productive discourse on the necessary capabilities of beginning teachers and the necessary capabilities of experienced teachers.

In brief, this work is an effort to capitalize on the creative ferment of the teaching profession in striving toward excellence and professional development. The work is to be viewed as evolutionary and formative. Contributions from our colleagues are heartily welcomed.

Important Note to Teacher Educators

Who Might Use This Module---

The module's content builds on a rich body of research, evaluation, theory and documented experience reported in journals and books by hundreds of educators. Every page contains sentences that put in capsule form the conclusions from years of diligent investigation and analysis by respected professionals from the United States, Canada and other nations.

Some statements may be startlingly different from what has been conventional wisdom about exceptionality. Some views expressed may seem to be marked departures from even the recent past. But none are simply my personal perspectives or wishes unless they are so indicated. Rather, they are grounded in the concepts and research of many professional colleagues.

It is customary and good practice, I know, to offer full citations and detailed backup for the material in professional presentations. Yet, to do that in this module would require five or six times the space. Each line would be peppered with parenthesized authors' names and dates and each page would drip with footnotes.

To make the module functional for its purpose and reasonably readable I chose another tactic. With few exceptions, citations are limited to actual quotations. However, support can be found for every position or conclusion-type statement in one or more of the following seven books: Blackhurst (1981), Cartwright, Cartwright & Ward (1981), Gliedman & Roth (1980), Mandell & Fiscus (1981), Reynolds & Birch (1982), Sellin & Birch (1981) and Telford & Sawrey (1981). These texts and references, and others published in the 1980s, reflect the sharp shifts in orientation to exceptionality that started much earlier but began to crest in the late 1970s. These new works begin to report, for the first time, a much needed foundation for an <u>educational</u> concept of and approach to exceptionality.

Jack W. Birch

The Meaning of Exceptionality

In the discussion of exceptional conditions in "A Common Body of Practice for Teachers: The Challenge of Public Law 94-142 to Teacher Education," the authors recommended that:

> All prospective teachers should have preparation in understanding exceptional children, in school procedures for accommodating children's special needs, and in the functions of specialists who serve exceptional children. Moreover, hands-on experiences with the children and utilizing the help of specialists ought to be provided. (Reynolds, 1980, p. 14)

Understanding exceptional children and youth calls for first understanding them simply as people, with all the ordinary human traits. It is only upon a basis of knowledge of human development in general that one can build an understanding of the ways that exceptional conditions may influence behavior and the progress of cognitive, affective, and motor growth. A competent knowledge of the basics of human development is assumed in what follows.

There are many reasons why educators need to understand exceptional conditions and what they mean in the lives of children, youth and adults. The reasons relate to the teacher's various roles as a well-informed citizen, as a skilled instructor, as a counselor to children and parents, as a designer and selector of teaching methods, materials, and curriculum, and as a co-worker with other professionals.

Thus, the substantive content that appears in this module emphasizes <u>what the teacher needs to know in relation to particular professional roles the teacher plays</u>. The knowledge base about exceptional conditions that equips the educator to cooperate with the school nurse or the physical therapist, for instance, is not exactly the same knowledge base that readies the same educator to set and implement objectives in reading, history, physics or physical education.

As a consequence, the teacher needs to understand exceptional conditions from several perspectives. Chief among these perspectives are:

- The recent changes in educators' acknowledgement of shared responsibility for problems associated with exceptional conditions.
- Growing evidence that exceptional children, for educational purposes, are more like each other and like other children than they are different.
- What is educationally relevant about an exceptional condition.
- How other professional workers (psychologists, nurses, physicians, social workers) view exceptional conditions.
- How society as a whole reacts to exceptional conditions.

Each of these perspectives can be altered, too, by the individual lens through which one looks. So, most of all, the thrust of this module is toward assisting educators to build personal/professional sensitivity to the special needs and potentials of children, youth and adults with exceptional conditions.

Hands-on experience with a variety of persons with exceptional conditions is indispensible. That experience should be actual, not solely simulated, and it should be directed both at general familiarization and at specific educationally relevant matters like class management, instructional materials selection, teaching procedures, and evaluation of progress.

A module like this cannot substitute for the needed real contact with persons who are exceptional. It can point out, however, that attitudes are actually a form of behavior, and that feeling at ease with people who are different is mainly a consequence of direct, frequent and mutually satisfying experience. Work with experienced, skilled fellow-professionals can help to build one's confidence, too.

There are many definitions in the material that follows. They are necessary if one is to "learn the language" of educational work with pupils who are exceptional. But the stress is on understanding what is back of the definitions, how they evolved, where they point, and their application.

The module offers basic information. It presents selected facts, concepts, principles, and reasons that bear primarily upon understanding exceptional conditions and the special education of children with those conditions. Concurrent hands-on application of the material in the module should be arranged if it is to have optimum effect.

Contents

Within this module are the following components:

Set of Objectives - The objectives focus on the teacher educator rather than the student (preservice teacher). They identify what can be expected as a result of working through the materials. Objectives which apply to all practicing teachers are also identified. They are statements about skills, knowledge, and attitudes which should be part of the "common body of practice" of all teachers. Page 7

Rating Scales - Scales are included by which a teacher educator could, in a cursory way, assess the degree to which the knowledge and practices identified in this module are being transmitted in his/her teacher-training program. The rating scales also provide a catalyst for further thinking in each area. Page 8

Self-Assessment - Specific test items were developed to determine a user's working knowledge of the major concepts and principles in each subtopic. The self-assessment may be used as a pre-assessment to determine whether one would find it worthwhile to go through the module or as a self-check, after the materials have been worked through. The self-assessment items also can serve as examples of mastery test questions for students. Page 9

Rationale and Knowledge Base - Under this heading is summarized the facts, concepts and principles about exceptionality and related terminology that appear most helpful to teachers, plus reasons why this content is important. Emphasis has been given to the relation of earlier concepts to practices and to the modifications in practices that now flow from contemporary concepts. Likewise, emphasis is placed on knowledge and understanding rather than rote memorization as a basis for independent professional action by teachers both in work with pupils and in interactions with other professional persons and with parents. Page 12

Exceptionality and Special Education Page 12

Background and Current Status of Special Education Page 16

Integration and Labeling Page 22

The Meaning of Mainstreaming Page 33

Perspectives on "Handicap" and the Teacher's Role Page 39

Specific Exceptional Conditions Page 43

Recent Additional Special Terminology Page 78

Conclusion Page 80

Bibliography - The bibliography contains the references cited in the module itself. Page 82

Articles - Articles (reproduced with the authors' permissions) are attached to the module. The articles support, expand and extend the knowledge base. They also offer stimulus material for student discussion. Page 84

Objectives For Teacher Educators and For Incorporation Into Teacher Education Curricula

1. To help assure that teacher education students acquire a thorough understanding of the meaning and use of terms such as "exceptional," "special education," "handicap," and the chief categories, classifications, and diagnostic and descriptive labels used in connection with children with special needs.
2. To transmit to the teacher educator the historical, societal and technological foundations for the development of special education and its changing role in relation to the whole of education.
3. To help assure that teacher education students gain an understanding of the personal, social and professional implications and impacts of categories and labels and that sound guidelines for the use of such expressions are internalized.
4. To reassert to teacher educators the importance of dealing with individual pupils in terms of their current academic performance levels and directly associated academic needs.
5. To outline for teacher educators the conceptually and functionally interrelated concepts of integration and mainstreaming.
6. To promote an understanding of the roles and functions of other professional persons from psychology, health, social welfare and education in working with children and youth who are exceptional.
7. To provide to teacher educators essential information and concepts that would complement hands-on experience with a variety of children with exceptional educational needs.

Rating Scale for Teacher Preparation Program

How would you rate your professional preparation program?

___ 1. Students in the teacher education program receive little or no introduction to children with special needs.

___ 2. Students in the teacher education program are introduced to traditional diagnostic categories of exceptionality and related characteristics, but little effort is made to relate these student "characteristics" to the responsibility of the teacher in delivering appropriate instruction.

___ 3. Students in the teacher education program are taught traditional special education diagnostic categories and related "characteristics"; they are introduced to traditional special education practices that are directly associated with each specific diagnostic category.

___ 4. Students are taught to think of special needs students mainly in terms of their educational needs. Roles of both regular and special teachers in serving exceptional students are stressed and the need for cooperation among all school professionals is asserted.

___ 5. Students are taught to think of special needs students in terms of their specific educational needs and modern program structures. Teacher education program offers all students opportunities to interact with and instruct children and adults with varying special needs.

Scores: "5" is top-notch. Use your own descriptors for the progressively lower ratings.

Self-Assessment

This module begins with a pretest. The purpose is to help you determine how familiar you are with the content. The pretest items are keyed to sections of the module. If you wish more information on a certain item it is possible to turn directly to the relevant section identified in parentheses. Also, you may note on each pretest item, as you respond to it, whether you would like to know more about it. Thus, whether or not your response is correct, you have made notes that can be used to guide your further reading.

1. Does special education deal with the outer limits of human exceptionality in physical health? In mental health? Give a "yes" or "no" answer to each and explain why. (Exceptionality and Special Education)
2. Are the exceptional conditions identified in schools inherent in children and are exceptional children identified by criteria integral to each individual? Answer "yes" or "no" and explain the response. (Exceptionality and Special Education)
3. What are the two polar positions today on the role of special education in the whole of education? State two chief reasons for each position. (Exceptionality and Special Education)
4. How did special education start in the United States? What role did the beginnings play in affecting cooperation among educators? (Background and Current Status of Special Education)
5. What is meant by an "exclusionary" definition? What is the chief weakness of such a definition? (Background and Current Status of Special Education)
6. The acceptance of what partially tested assumption kept special education separated from the rest of education for a long time? What was questionable about the way the assumption was viewed? Explain. (Background and Current Status of Special Education)
7. The change away from excessive use of labels and categories was paralleled by a change toward what? Why have teachers welcomed that change? (Integration and Labeling)

8. Is there an essential connection between diagnostic labels and appropriate school programs? Justify your answer. (Integration and Labeling)
9. What is the difference between naming an exceptional condition or behavior and explaining it for educational purposes? Give illustrations. (Integration and Labeling)
10. Identify and evaluate specific advantages of the use of labels or categories. (Integration and Labeling)
11. Identify and evaluate specific disadvantages associated with the employment of labels or categories. (Integration and Labeling)
12. Distinguish among impairment, disability and handicap and show their interrelationships physiologically, psychologically and educationally. (Perspectives on "Handicap" and the Teacher's Role)
13. Develop a model of assessing the implications of a handicap that would be particularly relevant to the role of teachers. (Perspectives on "Handicap" and the Teacher's Role)
14. What is the most appropriate contemporary concept about the "ownership" of educational problems? Explain your answer. (Specific Exceptional Conditions)
15. Identify a recent "realization" which has tended to link special needs pupils together? Explain why that is the case. (Specific Educational Conditions)
16. Why has federal influence been strong in determining the prevailing definitions of handicapping conditions? What direction has that influence taken? (Specific Exceptional Conditions)
17. What has tended to keep the leadership in educating gifted and talented pupils from being associated with work with other exceptional children? Why? (Specific Exceptional Conditions)

18. Why should teachers have knowledge of the medical and psychological characteristics of exceptional conditions? (Specific Exceptional Conditions)

19. What is the meaning of "developmental disabilities" now, and what advantages might the term have over past terminologies? (Recent Additional Special Terminology)

20. What is different about the questions educators ask about exceptional children and about all other children? Why? (Conclusion)

The Meaning of Exceptionality and the Nature and Scope of Special Education

Exceptionality and Special Education*

There is little standardization of terminology regarding exceptionality and special education. In fact the two terms themselves illustrate that point very well.

Exceptionality in its most general sense refers to any thing or event that is unusual or different from normal. When applied to humans it is a term that encompasses all forms of extreme divergence from the average in status or activity. It includes the outer limits of all human variability.

When used in connection with education, as in "education of the exceptional" or "exceptional child education," the term has a secondary, connotative meaning. In this instance its scope is limited to those individuals whose divergence from the average carries with it the need for significant adaptations or modifications in ordinary education. For example, individuals with extraordinarily keen eyesight or hearing would be exceptional in the general sense of the term, yet they would not be included in the secondary, connotative meaning because they would require no unusual education. The same would be true of persons in superb physical or mental health. Thus, some people who are exceptional under the general meaning of the word would not be exceptional in the connotative, educational sense.

Exceptional individuals, as the expression is used in education and related areas like vocational rehabilitation, refers to people who differ from most others to such an extent that they are regarded as requiring special

*This section covers Self-Assessment items 1-3.

educational, social or vocational treatment. The criteria set by society vary from culture to culture and from one generation to another. Quantitative criteria (like test scores) are useful as indications of exceptionality only insofar as they correlate very highly with the social criteria. When educational methods and requirements are altered, when social demands change, and when occupational opportunities differ, the criteria (and the usefulness of tests) will also change.

Special education, as a term, is evolving and changing, too, in response to professional and societal influences. One very significant factor that effects whether the term is defined as more inclusive or more exclusive arises from the widely different viewpoints on what role special education should have in the context of the contemporary education.

Some believe that special education should occupy a limited and tightly circumscribed position. "Special education must be reserved for the handicapped. . . . Special education is warranted for the mentally retarded, emotionally disturbed, truly learning disabled, blind, deaf and physically impaired" (Lieberman, 1980, p. 17). "Truly learning disabled" in this context is limited to children having a central nervous system disorder.

This extremely restrictive position says that special education is warranted solely for children who are handicapped in obtaining schooling because of those few, specific conditions. Other children, regardless of their educational problems, are not considered eligible for special education. Rather, they are left to the ministrations of "regular education." This sharp demarkation is necessary, it is held, because "special education has been confused with being an answer to the problems of regular education." Holding to the strict special education classifications, it is claimed, ". . .will eliminate confusion between school failure and handicaps and will

preserve the primary rights of the handicapped to special education services. This will also force regular education to solve its own problems, without looking outside itself for answers only to found internally" (Lieberman, 1980, p. 17).

A substantially different and more encompassing position is one that emphasizes that "special" and "regular" education are much more compatible than competitive. This position says that there is a good deal of justifiable and desirable overlap between the two. Some proponents of this view go so far as to say that the two ought to merge, in the interests of all children. They hold that there really is no "pure" special education, and that what is good for special children may often be especially good for all children (Reynolds & Birch, 1982; Telford & Sawrey, 1981). Moreover, proponents of this more inclusive view point out that it is not special educators who are the proper or sole decision-makers about what constitutes the domain of education for exceptional children; that is a public policy decision in which all citizens have a part.

> Critics find considerable fault with a definition of the exceptional individual as that person who deviates from the norm in physical, mental, emotional or social characteristics to such a degree that he or she requires special social and educational services to develop his or her maximum capacity. In actual practice, a combination of traditional practice, cultural values, social needs and even political pressures determine what dimensions and degrees of individual differences are sufficiently significant for something to be done about them. (Telford & Sawrey, 1981, p. 18).

Whatever the outcome of the tug-of-war between those who would expand and those who would contract special education's sphere of influence and responsibility, there is little question but that useful interactions between regular and special teachers is on the increase. In the final analysis, too, the permanent role of special education will no doubt be

determined by how useful its principles and practices prove to be. But while that disparity in viewpoints is being negotiated toward a solution it can be expected that there will continue to be considerable variation in usage in professional terminology, beginning with differences in meaning of the term "special education" itself.

Background and Current Status of Special Education*

In its earliest days special education was limited almost entirely to attempts to teach three groups, namely young people who were either blind, deaf, or mentally retarded. Work on the instruction of individual pupils of those three categories can be traced to the 17th century and perhaps before that, but it was in the period between 1850 and 1900 that special schools, mostly residential, were opened for the three groups in all parts of the world, with the United States among the leaders. The American Association on Mental Deficiency, for example, had its origin in an 1876 meeting of the superintendents of special institutions for persons who were mentally retarded.

The three kinds of schools were separated from all other schools and usually separated from each other. Most often, too, they were established at some distance from any large urban center.

A major schism was allowed to grow between special and regular schools. While the educational leadership of each respected the other, both believed that their teaching procedures and materials had practically nothing in common. Teachers for the special schools usually were recruited separately and trained in the special schools themselves. Often the recruits were motivated by the presence of vision, hearing or cognitive impairment in relatives, so they had some personal feelings for the family and the community impact for these exceptionalities.

While special residential schools for children with hearing, vision, and cognitive problems flourished in the second half of the 19th century, some

*This section covers Self-Assessment items 4-6.

other exceptional groups also began to receive special notice. Scattered efforts, mainly in large cities, marked the start of new forms of special education. Attention was given to children with physical and health impairments, children with speech and language problems, gifted and talented children, children who were hard of hearing or who had limited vision, children who showed emotional disturbance, children with behavior problems, and other children, who for whatever reason, were experiencing difficulties in school.

This educational development played out variations on the same theme of separateness as had the special residential schools. The movement was spurred by compulsory school attendance laws which began in 1840 in Rhode Island and were in operation almost nationwide by 1900. Children like those listed above were forced into school but principals and teachers did not know how to assimilate them. Relief was found in establishing special classes or day schools. At the same time, some educators who had been associated with the special residential school movement urged that their procedures and materials be introduced to the special education classes and centers of the public schools. Day classes were started in 1869 for children who were deaf, in 1896 for children who were mentally retarded, in 1899 for children with crippling conditions, in 1908 for children with "lowered vitality" and for children with speech defects, and in 1913 for partially sighted children. The period around the turn of the last century was plainly a busy developmental phase in the education of exceptional children.

It is not clear just when the term "special education" came to be associated specifically with teaching exceptional children. It is evident, though, that the realities of history contributed heavily to its initial definition: Education that could not be carried out in the regular class or school. The

practice of removing these unusual youngsters to separate classes or to their own day or residential schools, the separation of the training of their teachers, the belief that the children responded only to unique teaching methods and materials--all of these added up to a definition that was exclusionary. Special education became, by definition, separate education.

A serious weakness in that way of defining special education is that it really threw little light on what special education is. Instead, the definition dwelled on what special education is not. Namely, the definition said that special education is not something done in regular classes or schools. It is not carried out by regular teachers; it is not accomplished with conventional methods and materials. All in all, the result was a definition by exclusion, and as such it was not very informative about the actual nature of special education. It remained silent on the key question: What makes special education "special?"

An added weakness of the exclusionary definition is that it rested on an unproven assumption. The crucial assumption was that special education's teaching methods and materials were essentially different from and hence not applicable to ordinary children. That assumption was crucial because it carried most of the weight that justified and made necessary the total separation of pupils and the total separation of teacher preparation. Its weakness, however, lies in the fact that the assumption that there was a need for different methods and materials was put to the test from only one direction. There was no question about the differentness of special education's methods and materials. What was not seen until later was that most of special education's methods and materials were quite applicable not only from one exceptional group to another but also to ordinary pupils. Special education had built the basis for an important place in the rest of education.

For example, high interest-low vocabulary reading material was first developed for children in need of remedial reading. It was soon applied successfully in the instruction of pupils who were mentally retarded and then pupils who were deaf. Next its usefulness was shown for children with learning disabilities. By now the "high interest-low vocabulary" principle is in widespread use for ordinary pupils as a means of introducing new subject matter and of sustaining motivation. Orientation and mobility training was invented for blind pupils. Today it is employed with pupils with hearing impairments, with physical impairments, with learning disabilities, and with mental retardation. Sign language was created to help build language and communication with pupils who were deaf. Now it is a part of the education of certain children with physical or cognitive impairments. These are but a few of the many similar illustrations.

On an even more fundamental level, studies of the learning of children with mental retardation, children with sensory deprivation (limited or no vision or hearing), children with brain damage, children under the stress of emotional problems, and studies of children who are gifted and talented all led to the same conclusion: The identical principles of learning apply. Interest-centered instruction that was started for exceptional children is now applied throughout schools. Rate of learning, complexity of material, rate of forgetting--such things might vary, but the underlying principles did not; the learning of exceptional children and all other children is governed by the same rules. Second, other studies made it increasingly clear that there were common factors at play in the successful teaching of exceptional and ordinary children, as well. These common factors are best expressed in the concept of individualization of instruction, where what is to be taught

is matched to the child's background, interests, and objectives.

During the past four decades, as a result of considerations like those above, plus a rapidly expanding technology, special education materials, methods, and personnel have become much more portable. This has had an impact on how instruction and services are delivered. Instead of moving the exceptional child to separated places, nearby or distant, the needed assistance is more and more being brought to the child in the regular class or school.

A major consequence of all of this has been a progressive change in how special education is defined. It is no longer viewed as something that must be done in some separate place. The training of teachers of exceptional children is no longer completely divorced from that of other teachers. The valuable individualized materials and methods of instruction concocted initially for certain exceptional children are being shared. Many regular teachers use some of them with most children. Frequently exceptional children receive the mix of special and regular education they require right in the regular class or school from regular and special teachers working as a team. Thus:

> The view coming into prominence today sees special education as the individualized application of techniques, procedures, instructional materials, and equipment designed to accommodate to unusual forms of sensory deprivation, to lack of earlier schooling, to ineffective earlier instruction, or to any other personal or environmental conditions that stand in the way of a broad and thorough education. (Reynolds & Birch, 1977, p. 9).

Considered in the light of that definition, special education takes account of the needs of all the groups that have typically been listed as its targets. Each exceptional child's schooling is usually an individually designed combination of special education and services and of typical or standard education and services. Most of the time the entire program can be

conducted as an integral part of regular class activities where every pupil, exceptional or otherwise, is instructed under the regular teacher's direction, with support from specialists, aides, other pupils, and particularly from parents. That definition also leans to the side of openness, or inclusiveness. It creates a context for fruitful interactions among all types of education personnel and encourages sharing methods, materials, and concepts in developing programs for any pupils who might profit from them.

Integration and Labeling*

Special education in the half-century from 1930 to now changed in several ways. The most important move was from categories and labels like mentally retarded, deaf, and speech handicap to a focus on the most educationally relevant attributes of exceptional children. During that fifty years it became increasingly clear that the primary attention of teachers and principals should be on each child's present level of academic performance and the educational materials and conditions needed to maximize further growth, rather than simply on classifications like emotionally disturbed, visually impaired, or gifted. There were other changes. Special education grew; teacher preparation became more widespread; research and demonstration projects flourished; children with very severe limitations were sought out and taught; new instructional methods and materials were designed and disseminated; parent groups grew in influence; state and federal laws and funds strengthened programs. Yet no change has such profound and far-reaching implications as did the turning away from excessive dependence upon labels and categories and the turning toward a focus upon pupil and environmental qualities that were demonstrably relevant for day-to-day instruction. Teachers welcomed that change because it highlighted the importance of <u>their</u> functions, it directed attention to what needed to be done in school with and for children, it encouraged psychologists, counselors, administrators, and parents to focus on the same concerns, and it illuminated the similarities between children "officially" entitled to special education and many other children who, though not clearly "in", so far as categories were concerned,

*This section covers Self-Assessment items 7-11.

nevertheless profited from the same kind of instruction.

Socio-Educational Norms and Professional Terminology

In education as in the rest of society there are norms of behavior that have major significance. Specific to education, it is easy to recognize the importance of behaviors that cluster around speed and thoroughness of learning, around high and consistent motivation toward teacher-determined tasks, and around cooperation, compliance, and personal and social responsibility. To the degree that teachers, psychologists, and others in the schools put high value on those behaviors, they will value and reward pupils who display them. That, in brief, is how social norms are manifested.

Individual pupils who do not adhere to the norms draw attention to themselves. It is usually negatively loaded attention. Pupils who are persistently out of synchronization with those norms acquire a high degree of visability as deviants.

When pupil deviations not only persist but also appear to have qualities in common, they may be given names (e.g., slow learner, behavior problem). The names that are assigned tend to reflect the professional backgrounds of the persons who study these children. For example, what a teacher might call a remedial reading case, a psychologist might call a learning disability. And what a psychiatrist might call emotional disturbance, a neurologist might refer to as minimal brain dysfunction. Teachers might speak of slow learners and mean the same thing that pediatricians or clinical psychologists call mental retardation. And what the teacher says is immaturity or lack of readiness, the speech and language clinician might call delayed speech and language. Expressions like these, especially some with exotic names like

dyslexia, stabilize as parts of everyday language, even though their meanings may remain vague. There is a tendency to feel satisfied when one has named something, as though the naming of it were equivalent to explaining it. A classic example is the expression "hyperactive child." Of equal importance, though, and adding to the confusion, is that these negatively-loaded expressions acquire heightened significance when they are fastened to the affected individuals and given official status in laws and educational regulations.

Special education labels generated through the "school/social norm violator" process do have a number of useful purposes. They can also have significantly detrimental secondary results. The pro and con positions are summarized below.

Reasons for Employing Labels and Categories

Labels and categories can save time. Speaking of "a child with Down's Syndrome" or "who is prelingually deaf" or "who is autistic" indicates that that youngster shows a distinctive group of physical and behavioral characteristics. That allows one to communicate quickly and fairly precisely about the child's present condition, the origin of the condition, and the approximate degree to which the condition itself can be altered. In short, some labels are shorthand for diagnosis, etiology, and prognosis. That information can sometimes be of help in planning education, in counseling parents, and in exchanging views with persons from other professions.

There are legal implications, too. Determining that a certain young person is, by accepted definition, blind or has defective speech or is orthopedically impaired may make the individual eligible for certain costly benefits like special education, therapy, and rehabilitation.

Some argue that categorizing and labeling are inevitable, because society and its agencies (e.g., schools, health agencies) simply need them to identify and to keep track of the "special" people who are helped by unusual attention. Certain of these agencies exist solely to provide particular human services (e.g., private schools for exceptional children or sheltered workshops). Categories and labels with official status are essential for determining who shall be admitted to these agencies that maintain their budgets from tax-supported purchase of services.

Also, widely-recognized labels provide the focus for public-spirited groups who wish to help (e.g., National Association for Retarded Citizens; United Cerebral Palsy Associations; National Society for the Prevention of Blindness). Organizations like these mobilze and direct resources, both human and financial, toward advances in prevention and amelioration. If they did not use these emotion-laden terms perhaps their appeal to legislators, fraternal organizations and foundations would be less. Moreover, decategorization might vitiate the involvement and decrease the commitment of the members of these important citizen forces.

Reasons Against Employing Labels and Categories

Those who use labels and categories certainly do not intend to create problems. Yet the practice does produce a number of unintended and serious consequences. That is especially so when the labels are both devaluing and "official" at the same time.

Studies show that the general lay public and specific professional groups think less well of handicapped persons than of others (cf. literature identified in the bibliography; also Jones, Jamieson, Moulin & Towner, 1981). Sentiments expressed may vary, but "handicap" tends to be identified with

subnormal expectations, increased social distancing, and feelings ranging from pity to antipathy. Yet other studies show that such reactions are inappropriate, not justified by how people with handicaps really are. Thus when psychologists, teachers, and related professionals deliberately classify people as "deaf," "cerebral palsied," "retarded," or "disturbed," no matter how well-intentioned their motives, the result can be an unfair general depression of the individuals' opportunities as well as social and self-expectations.

Categorizing people calls attention either to the overt or outward manifestations of their differentness or to a covert or unnoticeable condition that, except for the label, might not have been observed. Once "officially" categorized, the label tends to be used with unnecessary frequency, often even replacing the person's name. With every use the label reinforces a negative valuation, further blurring the distinction between the individual and the handicap.

Persons who need help with problems can be aided without the use of disparaging terminology to classify them. If the help is directed at the specific problem itself there is less need for the labeling or categorization of either people or problems. Moreover, assistance given on a "categorical treatment" basis rather than on a personal basis can be more harmful than helpful, because it may not really fit the recipient.

Categories tend to be narrow and limiting. They exclude needful individuals who do not fall precisely in the "official" slots. Teachers, psychologists and other members of the helping professions are distressed and annoyed when arbitrary administrative categorization impedes them from providing their skilled assistance and support to children and youth who obviously would benefit from it.

Categories tend to proliferate. Also, they have their names changed with bewildering frequency. Categorization for service eligibility results in emphasis on the multiplication of such groupings and preoccupies professionals with the assigning of people to them. That draws professional attention away from the broader perspectives of curriculum, school organization, pupil management procedures (including self-management), and the upgrading of professional competencies that have the promise of improving schooling for all children and youth while minimizing the need for sharp distinctions between regular and special education.

Finally, labels and categories like "health impaired," "learning disabled," "disturbed," "articulation defect," and "severely/profoundly impaired" have little intrinsic value for teachers, psychologists or parents. Such terms supply only vague clues as to the psycho-educational approach needed for education and rehabilitation. Much more detailed and specific individual assessment of the pupil and the environment is needed, if constructive action is to be taken for the pupil. That assessment and subsequent program planning is best done without preconceptions stemming from the stereotyping too readily generated by categories and labels.

Recent Developments of a Favorable Kind

The nagging sense that arbitrary labels may unnecessarily stigmatize youngsters has stimulated moves to reduce their use and to dispel their deleterious effects. Some have stopped using specific categorical terms, substituting less opprobrious and more general ones like "developmentally disabled" or "people with special needs." Forward looking states are funding educational help for handicapped children noncategorically, using the costs of approved programs, rather than approved labels, as criteria.

Maintenance of all children in regular classes and schools, and bringing to them the special education they need, also minimizes the need for categorization and separation.

In most cases labels have not been completely discarded. Rather, they are used with more caution, and only when really required for inter-professional consultation, for administrative compliance with necessary laws and regulations and for interpretive counseling and guidance with parents.

Sensitivity is growing among all professions to the detrimental effects of the loose use of technical terms. When teachers or psychologists refer to children as "LD's" or "EMR's" the public quickly adopts the same language, seldom considering its demeaning impact and the cheapening of human character such expressions imply.

It is rarely necessary to emphasize an exceptional condition in ordinary discussions among professional persons or in more general conversations, so phrases like "that hard-working deaf pupil" or "the outstanding blind senior" are needlessly disparaging. They tend to equate the person with the handicap. When such identification is essential, the "classification effect" is minimized when time is taken to say "that outstanding senior, who is blind, ..." Giving the exceptional condition <u>secondary emphasis</u> in one's day-to-day language usage, and invoking the name of the category only when it is truly relevant to the matter under discussion, can go far toward <u>re</u>humanizing the application of professional terminology. It is a small and subtle change with huge implications. <u>Primary emphasis</u> should remain on the individual as a person, and only secondarily on the fact that he or she may also be in some ways considerably different than "normal."

Physical, Social and Instructional Integration

Characteristics associated with the individual child, rather than with categories of children, play major roles in determining the nature and degree of the child's participation in the mainstream of schooling. For example, think of these three youngsters.

Mary must spend 20 of each 24 hours in an iron lung. She is personable, well motivated, and a quick learner. Because the iron lung is not readily portable, Mary spends practically all her time at home. She has a large, bright room that has a telephone, radio and television. During school hours she is linked to her classes by portable home-school telephones, so she is, in a sense, present and taking part in the regular school program. Teachers can also visit her at home or talk with her individually by telephone as needed. Classmates come to visit her, she votes in class elections and she has "best friends" from school.

Mary is entirely in the mainstream, from the viewpoint of instruction. From the social perspective she is not as integrated as she might be if she were independent of the iron lung. In the literal sense, she is not physically integrated at all, for she is practically never on the school grounds or in the school building.

Helen walks to school with her older brother and another boy who is a neighbor. She is unable to cover the seven blocks and three street crossings safely by herself, but she is developing the skills that will eventually allow her to do so. Also, she is learning to select food and to feed herself at the school cafeteria, to recognize and respond to basic spoken words and manual signs, and to enjoy simple games and musical stimulation with others whose attainments are much like hers. Most of Helen's day at school is spent receiving instruction in language and social and motor

skills that are pre-kindergarten in complexity. She sometimes visits for short periods in regular classes, but more often pupils from those classes come to her class to read to her and her friends there, play games, sing, show pictures, share refreshments, and take part in other socializing behavior. In the physical sense, Helen's interaction is substantial. She is actually in the school as much as any other pupil. In the social sense there is also a degree of mainstream activity. Presumably it is possible for that to increase, too, as she grows in social competence. From the point of view of instruction, though, there is little if any inclusion. The curriculum for Helen must be, at least for now, at too elemental a level to afford much opportunity for individual or group learning activities in any regular classes.

Eddie loves soccer. He plays most positions well, but he likes goalie best. His team-mates are very fond of him. They offer to help him with school work, but it hasn't done much good. Eddie has a history of poor achievement and although special and regular teachers have "tried everything" with him, there has been a consistent record of little or no success. Yet Eddie keeps smiling, keeps trying, and his good attitude wins him friends and support from teachers and family, even though they dispair of ever seeing much academic achievement. Most of Eddie's school day is spent in regular classes, with special assignments at which he works with a will, albeit with little progress. Also, Eddie's helpful temperament shows up in many "assist" jobs he does for teachers and other pupils, usually without having to be asked. Eddie is integrated fully in the physcial and social sense and almost completely in the instructional sense, even though he makes little progress in the last.

The category, label, or diagnosis often bears little relation to what

education is needed by the child. That is well illustrated by referring to the thumbnail sketches of Mary, Helen, and Eddie.

Mary was said to be in an iron lung. That, itself, could have been a consequence of a number of conditions such as poliomelitis, traumatic brain injury, or spinal cord injury. But the salient point really was the Mary was going to be confined to her home for significant period of time. That confinement could have resulted from an irremediable cardiac condition, from cancer, from tuberculosis, or from injuries in an automobile accident. In all of these instances the educational management pattern could have been essentially the same, differing mainly in duration.

In like manner, Helen might have been autistic, severely mentally retarded, severly emotionally disturbed, or deaf. Yet the description of her current level and form of mainstreaming could have been the same.

For Eddie, the "diagnosis" might have been minimal brain dysfunction, mental retardation, dyslexia, or learning disability. The teachers' efforts and Eddie's responses could have been the same in any case.

What is illustrated here is that there is no necessary connection between diagnostic labels and professionally prescribed special educational programs. Pupils with the same labels may need quite different education; pupils receiving very similar special education may have very different labels.

From Labeling to Lesson Planning

With the evolution from labeling to lesson planning came some surprizing realizations for educators. One was that there is little relationship between the name of an exceptional condition and the special education and services needed by the child. For example, some "blind" children need Braille and others do very well with ordinary print. Another fact highlighted was that children with quite different tags, like educable mentally retarded,

emotionally disturbed, and learning disabled, might actually profit from the same teaching methods and materials. That insight led quickly to another, namely, that some faltering pupils with no tags at all were also helped by the same treatment. In short, the teaching approaches that were first developed for specific exceptional conditions were found to have a lot in common. What initially seemed special proved much more generalizable than originally thought. These realizations, and others like them, are rapidly permeating American education, but they still have some way to go.

Practicing educators are nowadays in transit between doing what they were taught and adopting newer, more appropriate procedures. That applies with special force to teacher educators and directors of inservice continuing education. They find themselves strongly influenced by an earlier, well-established professional gospel grounded in technical diagnostic terminology and narrow specialization of corrective techniques tied to categorical teacher certification. They recognize the need to move to a new professional position founded on a base of psychoeducational assessment of the learning environment as much or more than the child and guided by general principles that undergird all teaching and learning. The objective in professional certification is generic for special education and for capability to work with all exceptional children at a safe level for every educator.

Predictably, such major changes readily provoke professional misunderstandings and personal concerns. What follows is intended to provide orientation to both old and new understandings about exceptional children to help in the transition. One highly important concept that is often a source of misunderstanding is called mainstreaming, the topic of the next section.

The Meaning of Mainstreaming

In the early 1970's it became common to speak of the mainstream of public education when referring to the standard progression followed by the great majority of pupils from kindergarten through twelfth grade in the nation's elementary and secondary schools. The term had been used for many years before by sociologists, political scientists and historians to indicate a principal or dominant course, tendency, or trend, as in the phrase: the mainstream of the nation's history. Probably because of the civil rights activities in the 1960's and 1970's that emphasized the goal of integration in all of American society, the time was ripe for a catchword that would sum up the spirit of activism and change being felt in local and state government, in transportation in building codes, in recreation, in public health and welfare, and in all of education. Almost overnight, it seemed, various forms of the word mainstream appeared in answer to that need in speeches, newspapers, popular and learned articles and books, and in everyday conversation.

For educators, the mainstream was the regular school and its classes. To "mainstream" an exceptional child became synonymous with educating that child in regular schools and classes, not in separate special schools and classes. It meant making special education portable and bringing special teachers, special materials and special techniques to exceptional children in regular schools and classes, rather than moving the children out to special places.

In 1976, the Council for Exceptional Children, a national organization with a membership of 60,000 teachers, psychologists, and parents, described the school environment in which exceptional children should be educated in

an official definition:

> Mainstreaming is based on the conviction that each child should be educated in the least restrictive environment in which his educational and related needs can be satisfactorily provided. This concept recognizes that exceptional children have a wide range of special educational needs, varying greatly in intensity and duration; that there is a recognized continuum of educational settings which may, at a given time, be appropriate for an individual child's needs; that to the maximum extent appropriate, exceptional children should be educated with nonexceptional children; and that special classes, separate schooling, or other removal of an exceptional child from education with nonexceptional children should occur only when the intensity of the child's special education and related needs is such that they cannot be satisfied in an environment including nonexceptional children, even with the provision of supplementary aids and services. ("Official Action. . .," 1976, p. 43).

This statement envisions changes in both special and regular education toward individualized schooling for every child. Special education has committed both energies and skills to the achievement of that goal. The principle of inclusion progressively advances into practice. Children and youth are more and more merged for instruction and for other school related activities. High quality special education is brought more and more to exceptional children, to the degree that they need it, while they are in regular classes will other children.

These developments are part of a broader common theme: the greater inclusion of exceptional persons in the mainstream of all community life. Specifically in education they signify the reversal of the negative, rejection oriented design that permitted the removal of some children from the mainstream of education and isolated them in "special" settings. They also signify the demise of what has been called the "two box" theory of education, that is, that there are two kinds of children--exceptional and normal--two kinds of school systems: one "special" for the exceptional children and

one "regular" for the normal children. In sum, the developments encourage a unified school system in which exceptional children are part of the educational mainstream.

Mainstreaming requires more than merely placing handicapped children in regular classrooms, however. Refusing to refer children to special education or simply dumping children back into community schools or into regular classes is a cruelty to everyone involved: pupils, teachers, and parents. Many children would be placed in environments where they would be poorly understood and poorly educated.

The locus of action in mainstreaming is the regular class and school; the major effort required there is to develop and support the classroom settings and programs so that they can serve effectively the children who have special educational needs. One of the basic components of exemplary mainstreaming programs is the provision of individualized school plans for all children, so that appropriate educational activities are provided to all students in a classroom including those who might be identified as exceptional.

Broadly speaking, mainstreaming is based on an inclusive attitude or general predisposition toward the education of children; that is, to provide education for as many children as possible in the regular class environment. But the regular teacher, alone or with help, will not always be the optimal instructor for all pupils; hence a full continuum of instructional arrangements to meet the needs of individual children is integral to mainstreaming. However, each displacement from a regular teacher to a specialist in another setting, even in the same school, must first be justified and negotiated with the student and parents.

Generally speaking, there are three forms of mainstreaming that may be

identified. They are physical space mainstreaming. social interaction mainstreaming, and instructional mainstreaming. The first, physical space mainstreaming, is the most elemental and the simplest form. It means that exceptional children are physically present in the same school building as other children. In its plainest form, exceptional and other children attend the same school and use its facilities at the same time. That gives opportunities for all children to recognize that they are citizens of the same world--that their life spaces overlap--that they have much in common. Thus, being educated in the same physical plant is the most basic kind or degree of mainstreaming.

A step beyond simply being educated under the same roof is the next form, social interaction mainstreaming. That entails not only being in the same building, but it calls for deliberate, planned social interactions, arranged by the school's staff. It means mingling of exceptional and other children so they have many opportunities to get to know each other as persons and to engage in common social relationships of children and youth.

The most complex form is academic and special subject instructional mainstreaming. It includes attending the same school (the most elemental level), plus engaging in the social interplay that is part of ordinary schooling (the second level of mainstreaming). This third and highest level, academic and special subject instructional mainstreaming, goes further. It includes exceptional and other children being taught skill, content and related subjects, individualized to their needs, together by the same cadre of teachers.

Thus, it is feasible to talk of exceptional children being physically in the mainstream, while living and being instructed primarily in the company

of other exceptional children. For some youngsters, that elemental level is the greatest degree of mainstreaming possible at a given time. An example might be a small group of autistic children, age 12 to 14, attending a regular middle or intermediate school. These children, with a teacher and an aide, and with psychological and other consultant service as needed, might well occupy a suite near the school's center, located with proper consideration for their requirements. It could well be that all of these students require instruction full time by special educators and are not able to participate at all with others in regular classes. In fact, their characteristic self-centeredness, their steady concentration on themselves, their constant daydreaming and fantasy, may render them virtually inattentive to each other, much less the busy swirl of young humanity populating the rest of the school. Yet the responsive environment to which it is hoped they can be taught to respond is constantly available.

An example at the second, or socializing, level might be a group of ten to fifteen year old children who have markedly slow cognitive development (are severely mentally retarded) and who attend school in their own assigned space in a regular elementary school. Their teacher and aides stimulate these youngsters' language development self-help in feeding, play, toileting and the like. These boys and girls may have not yet reached the developmental levels of typical kindergarteners. They are, however, responsive to attention, music, affection, simple recreation like rocking and clapping, and they recognize and greet children and adults in their surroundings. Thus, there can be meaningful social interactions with the other pupils in the school, if the interactions are deliberately planned, engineered to take place in ways that are mutually pleasing and helpful to exceptional children and the other children.

The most complex level of mainstreaming, the instructional level, can be illustrated in many ways. Illuminating examples are found among totally deaf children and among totally blind children. Modern preschool preparation, technology and support systems are so well worked out today that otherwise normal children who cannot hear at all, even with hearing aids, and children who cannot see at all, even with glasses, can enter kindergarten at the usual age and continue through school without ever leaving their regular classmates. Not all do, but that is only because the needed and available know-how, technical facilities and special education support is not yet being brought to them while they attend regular classes. The main point, though, is that certain exceptional children, many more than once was supposed, can readily attain the highest level of mainstreaming. They can receive all of the combination of regular and special education they require while going to school full time in regular classes with other children from their own neighborhoods who are also receiving high quality education. That is possible because more and more of special education has been made portable, so it can be brought to the child in the regular class rather than the child needing to go out to find the special education elsewhere.

Perspectives on "Handicap" and the Teacher's Role*

The term "handicapped" is employed in many ways, though the sense of "hindered" or "impeded" occurs in most of its usages. As a noun, handicap frequently appears in everyday speech as a synonym for disability, infirmity or impairment. At the same time "handicap" has another meaning: a not inevitable consequence of some mishap. One might say, "She lost her parents as a young child but she did not let that handicap her." Or, "He was born without a right leg, but that has been no handicap."

The literature of education in America is inconsistent in its usage or the term "handicap." Special education as a part of professional education is sometimes referred to as "education of handicapped children." Moreover, children are referred to, for example, as "mentally handicapped," "emotionally handicapped," or "physically handicapped" when it is really not clear whether "handicapped" carries the same connotation in each connection. The same is the case for the meaning of "disability" in such combinations as "reading disability" or "learning disability" or "physical disability."

Stevens (1962) was one of the first to spell out the differences among impairment, disability, and handicap, and to show the linkages between their physiological, psychological, and educational manifesations in a way useful to teachers. According to Stevens, impairment is the physical defect itself, the actual condition of the tissue. Examples would be the absence of fingers, a severed nerve, a port-wine nevus (a "birthmark" of purplish colored skin on the face), or a specific cardiac disease.

Disability is different from impairment in that it is not a matter of tissue. Instead, it is a matter of function. It is literally a lack of

*This section covers Self-Assessment items 12-13.

some ability. It is a limitation of the behavior directly dependent upon the impairment. To continue to use the same illustrations, a disability associated with absence of fingers is, in a general sense, lack of digital dexterity. More specifically, there would be disability associated with ordinary writing or typing. The severed nerve is an impairment that could result, for instance, in a flaccid hand, producing the same disability that the absence of fingers did. Cardiac disease inhibits energetic activity. The port-wine nevus, however, could not be considered to give rise to a disability, for no functional failure or limitation is associated with it. So impairments can exist without disabilities.

Sometimes, for primarily psychological reasons, individuals find themselves unable to carry out some ordinary bodily movement. Perhaps the back is bent forward and cannot be straightened, as in camptocormia, a form of hysteria appearing often in soldiers. The affected individual walks with apparently great difficulty. Yet there is not actual tissue impairment. All the skeletal neuromuscular equipment essential for an upright posture is intact and in good working order. But the bent back syndrome continues. That is an example of a disability without an impairment being present.

A handicap, then, is measured by the extent to which an impairment, a disability, or both gets in the way of normal living, including acquiring an education. Handicap is highly personal, for it is the name for an individual's own reactions to the presence of an impairment or disability. The central concept of handicap is this: It consists of the individual's own interpretation of the impairment and the individual's ability to live with that interpretation. Many people have impairments and disabilities. Only some people are handicapped because of them.

There are at least four reasons why understanding differentiations such as these is of prime importance to teachers. They demonstrate, for one thing, that handicap is not an inevitable accompaniment to impairment or disability. Tim Feiock (Pennsylvania State Education Association, 1975) lost the use of both legs as a result of spinal damage in a violet motorcycle accident. Though in a wheelchair he has a full time regular position as a teacher at Canton Elementary School--a physical education teacher! Is Tim handicapped?

A second reason for becoming conversant with these differentiations is that they form a foundation upon which a teacher can build interpretations for counseling exceptional pupils and other pupils as well. Such a foundation is of practical value when conferring with parents. The distinctions can be explained to them, and their knowledge of the differences can help them deal with their children in more rational ways.

The third reason this concept is important for teachers is its value in working with other specialists. Physicians, typically, focus their concerns on the impairment itself.* They try to correct or ameliorate the tissue problem. Physical therapists and occupational therapists attend mostly to the disability. They help the child to gain or to recover as much function as possible through practice. They assist the youngster to learn to use prostheses and to master daily living skills whose acquisition might otherwise be jeopardized because of the impairment. Counselors work with the child chiefly in developing a sound self concept and a positive feeling of personal worth and self determination. Their efforts bear directly on the child's interpretation of any actual impairment and they attempt to strengthen

*Physicians who are members of the small but growing speciality called rehabilitation medicine can be counted upon to take a broader view, interesting themselves in psychological, social, educational, and vocational factors in the case in addition to medical factors.

the child's ability to live as an effective person with that interpretation. The teacher's work interrelates with the tasks of the other professionals just named. The impairment-disability-handicap construct provides a conceptual framework for cooperative and coordinated professional interactions.

The fourth reason, the most important of all for teachers, is that the conceptual model can help them see how to formulate and coordinate individualized education programs for pupils in terms of minimizing handicaps, regardless of the pupil's impairment. Teachers, therefore, focus their efforts toward helping the pupils acquire educational skills that can be employed both immediately and in the future to minimize the effects of impairment and to reduce the degree of handicap (Adapted from Reynolds & Birch, 1977, pp. 414-416).

Stevens' (1962) analysis of the meaning or "handicap" provides a solid base from which to think about exceptional conditions from an educational perspective. Each element in his formulation can be examined separately. One may ask oneself, "Is there an impairment? Can it be identified? Can anything be done about the impairment itself? What will happen if nothing is done?" The answers to those questions obviously lead in different directions if the impairment is a broken leg or if it is a malignant brain tumor.

The actual health-related management of each impairment is a medical perogative, but dealing with the day to day educational implications of the disabilities is a teacher responsibility. It is here that the follow-up questions assume importance. "Are there disabilities as consequences of the impairment? Are there disabilities that appear to have no basis in demonstrable impairment? What can be done about them? What will happen

if nothing is done?" Educationally, too, the outcome questions are of ultimate significance: "Will there be a handicap? Can educational procedures be applied that will minimize that probability? How can that best be done? What if it is not done?" As we said, many people have impairments and disabilities. Only some people are handicapped because of them proper education is very often responsible for that difference.

Specific Exceptional Conditions*

Until recently the research and teaching of special educators concentrated almost entirely on specific exceptional conditions. A better understanding of a specific condition (e.g., cerebral palsy or mental retardation) was expected to lead to special ways to educate children with that condition.

Diagnosticians converged on the child. Educational problems were thought of as residing in the child's unusal make-up. It seemed to follow logically that educational specialists were needed, specialists who understood the child's unique qualities. In short, if there were a problem in educating a child, the problem was considered to be the child's. a property of the child's nature. The regular teachers' proper involvement was seen as getting the child "placed" in the hands of a specialist as soon as an exceptional condition was suspected. That position still has vigorous advocates.

*This section covers Self-Assessment items 14-18.

For many professionals, however, that way of looking at exceptional children and their education has undergone considerable modification. Research about exceptional conditions is, they agree, still valuable. Specialists with rich and varied backgrounds, too, continue to be needed. But certain emphases are markedly different, leading to more realistic understandings and more appropriate educational practices.

The application of new knowledge challenges the older concept that "the child has the problem." Now it is acknowledged that the school and the faculty, too, share ownership of the problem with the child, the family and the community. As a result, a tide of change is reshaping the way many educators think about exceptional children and youth. The alterations are most evident in the way the ownership of the problem is viewed and how that modifies the responsibilities of teachers, both regular and special.

At the same time that multiple ownership of the problem was acknowledged, another major change was taking place. More attention was directed (a) to the similarities among exceptional children and (b) to the likenesses between them and other children. That widened perspective was to have profound effects on educational planning and operations.

In today's predominant view, exceptional children, (in fact, all children) are much more like each other than different.* The sharp lines formerly drawn for educational, administrative and instructional purposes among categories of exceptionality have blurred considerably. For example, many procedures and instructional materials at first thought uniquely suited to deaf children or to blind children, have been used effectively with children

*This is termed a predominant view because it is reflected in the majority of "survey of special education" textbooks published since 1976.

diagnosed as mentally retarded or for learning disabled. Moreover, many of the same procedures and materials have worked well with non-exceptional children, too. When one asks, "What is special about special education?" the response must be, "Not as much today as its long separation from the rest of education might make one think." In fact, much of what proved effective in educating special children now appears as part of an excellent regular elementary and secondary school practice (e.g., time engaged "on-task," "direct instruction," relationship between content covered and skills mastered).

Specialists are still needed, but they must have new team teaching, assessment and consultation skills. There is much yet to be learned about effective educational procedures for many forms of exceptionality, of course. But there is also much at hand for regular and special educators to apply for the benefit of all pupils. The emphasis is upon cooperatively planned and executed activities in the regular school.

Special education's most significant recent move was from preoccupation with categories like "mentally retarded" and "speech handicapped" to increased focus on the educationally relevant attributes of exceptional children. Attention of principals, teachers and psychologists moved from classifications like "emotionally disturbed," "visually impaired," or "gifted" to each child's educational status and needs, with less reference to labels. That change is still under way.

In the meantime, while special educators were absorbint the initial shocks of change, their colleagues in regular class teaching roles have gone on thinking about exceptional children in categories: mentally retarded, gifted, deaf, blind, speech defective, learning disabled, emotionally distrubed, crippled, and many other groups. These categories do continue to have legitimate uses and they will be detailed later. However, some uses are no longer as appropriate as they once seemed.

The most important concept for teachers and principals about exceptional children is this: they will not achieve to their full potential unless they receive special educational help. That is what binds all exceptional children together, from an educational point of view.

Not all exceptional children need support in the curricular areas. For some, it is in communication skills like speaking or reading. For others it is getting around with others (locomotion, mobility, and orientation), or getting along with others (personal-social skills). For many, it is a combination of these. But whatever the actual or potential source, exceptional children have in common the need for special assistance if they are to avoid underachievement in important elements of schooling. The centrality of the factor of underachievement without assistance makes it crucial that educators think of exceptional children not in terms of diagnostic categories but instead in terms of the actual assistance needed to attain success.

Terminology

Twenty-five years ago this module would have started with an alphabetical list of about fifty terms like autism, blind, crippled, . . ., each defined in medico-psychological language. It would probably have ended with another assemblage of terms like self-contained class, itinerant teacher, resource room, . . ., each defined in educational administrative language. In between would have been several pages devoted to "special education standards," by which would be meant the regulations governing classes. These standards usually detailed the names by which special education units were to be known (i.e., classes for the brain-injured, speech correction service, classes for the trainable mentally retarded), how many children of what ages were permitted in each one, the manner in which children might be admitted, the teacher's qualifications, and other organizational items.

Textbooks of 25 years ago about exceptional children and their education contained much of the same kind of information. In addition, most of their pages were taken up by discussions of symptoms, facts and speculations about physiological and psychological causes, various treatments, and data about the incidence and prevalence of various illnesses and disorders.

That kind of information still has its place in teacher education. From time to time, for example, the planning of a child's educational program involves participation by physicians and other members of the health professions. An understanding of health related conditions on the teacher's part can facilitate such planning. Some health professionals, not aware of the adaptability of teachers or curricula, propose excessive limits on children's participation in school activities. Other times physicians may over-medicate to reduce symptoms with the result that the child's

learning potential is reduced. At still other times there is over-expectation about the amount of responsibility teachers should take regarding administering and monitoring the effects of medication. If teachers and principals are well informed about exceptional conditions these problems can usually be avoided and reasonable and realistic planning can be accomplished from the outset.

A number of exceptional conditions (e.g., asthma, diabetes, epilepsy) are occasionally accompanied by physical symptoms (choking, coma, seizures) that can occur unexpectedly during school time. If school personnel are aware ahead of time about such possibilities, they are much better able to deal with these when they occur, and to arrange that other pupils learn how to be helpful rather than frightened under such circumstances.

A teacher's familiarity with the exceptional conditions exhibited by his/her students can also help educate others. Children are naturally curious about unusual things like braces and hearing aids used by their classmates. Teachers who are knowledgeable can help satisfy that natural interest in constructive ways. As a result, the child with the exceptional condition is reassured by the teacher's supportive understanding and the other pupils learn valuable lessons about human differences, lessons that they may apply in other circumstances later in their own lives.

Teachers and principals should know, because they are educators, that knowledge about a subject strengthens one's ability to deal with matters that concern that subject. That applies directly to their own ability to accommodate and to work with unusual children whose conditions might otherwise be strange, and possibly repulsive, to them. Their knowledge of the exceptionality helps them to see past it or through it to the essential human child who needs and will respond to their teaching.

Parents of exceptional children, also, are much more ready to confide in and to cooperate with teachers and principals who show understanding of their child's medical or psychological condition. Repeatedly parents report that they respect and support educators who are able to interpret their child's condition objectively, professionally, and with empathy because of their sound basic knowledge not only of education but also of related medical and psychological matters.

It is sometimes necessary, too, to interpret the situation of one exceptional child to another. Because a child is blind or deaf does not mean the child automatically understands the plight of a schoolmate in a wheelchair or one with sickle cell anemia.

As has been noted before, it is part of a sound liberal education for everyone to learn to understand human exceptionality and to have a grasp of its meaning for children and youth in the formative educational years. Beyond that, for teachers, principals, counselors, and other educators it is especially important because the reality of exceptional conditions is one with which they will be forced to deal professionally frequently and, hopefully, sensitively.

Autism, blindness, cleft palate, Down's Syndrome--these are part of a long list of <u>real</u> conditions. No amount of wishing or terminology changes will make them go away or ameliorate their grating impact on personal or family life. Because such conditions are certain to surface in the daily lives of most American families, all teachers and principals, as well as informed others, must recognize and understand them.

Educational/Legal Definitions of Handicapping Condition

Federal legislation that defines "handicapping condition" has been very influential mainly because adherence to the federal definition determined whether states received financial support from the Congress to help educate exceptional children. Three recent laws and their regulations show the direction the Congress and the Department of Education took in such definitions.

The Education for All Handicapped Children Act (P.L. 94-142) defined handicapped children as ". . .mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or having specific learning disabilities, who because of these impairments need special education and related services."

The Rehabilitation Act of 1973 (Regulations for Section 504) defines a handicapped person as ". . .any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment."

The Vocational Education Amendments of 1976 (P.L. 94-482), in its regulations, used the expression handicapped to mean ". . .a person who is: (1) mentally retarded; (2) hard of hearing; (3) deaf; (4) speech impaired; (5) visually handicapped; (6) seriously emotionally disturbed; (7) orthopedically impaired; or (8) other health impaired person, or persons with specific learning disabilities. . .who, by a reason of the above (1) requires special education and related services and (2) cannot succeed in the regular vocational education program without special educational assistance; or (3) requires a modified vocational education program."

From the point of view of the Federal Congress there has been very little

room for question about what "handicapped" means for educators. It refers to any member of the listed groups who, because of the limits imposed by the condition, needs special help in regular or vocational education.

Identifying Exceptional Conditions in Children

Twelve exceptional conditions are most widely recognized in federal and state special education legislation and regulations. They are the eleven found in P.L. 94-142 plus the gifted and talented, defined in P.L. 93-380 and its regulations.

An increasing number of states recognize gifted and talented children and youth to be in need of special education. For a time there was a semantic block to progress because of apparent dissonance when gifted and talented children were coupled with "handicapped" children. That problem disappears, however, when expressions like "special needs" students or "exceptional" students are used to include them all and when it becomes clear that the actual educational challenge regarding these pupils is to design and apply individualized education; considered that way, they all present a challenge to the educational system.

Education in the United States has been viewed traditionally as a state function; thus each state has its own way of describing exceptional conditions for educational purposes. There is enough commonality from state to state, however, and state terminology is similar enough to federal terminology, that the federal definitions will be used here.

TABLE 1: Definitions of Exceptional Conditions from Public Law 93-380 and Public Law 94-142 and Their Regulations

CONDITION	DEFINITION
Deaf	"Deaf" means a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.
Deaf-Blind	"Deaf-blind" means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.
Gifted and Talented	"Gifted and talented" means children and, where applicable, youth who are identified at the preschool, elementary, or secondary level as (1) possessing demonstrated or potential abilities that give evidence of high performance capability in areas such as intellectual, creative, specific academic or leadership ability; and (2) needing

CONDITION	DEFINITION
	differentiated education or services (beyond those provided by the regular school system to the average student) in order to realize these potentialities.
Hard of Hearing	"Hard of hearing" means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf" in this section.
Mentally Retarded	"Mentally retarded" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.
Multi-Handicapped	"Multi-handicapped" means concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.

CONDITION	DEFINITION
Orthopedically Impaired	"Orthopedically impaired" means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairment from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).
Other Health Impaired	"Other health impaired" means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.
Seriously Emotionally Disturbed	"Seriously emotionally disturbed" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (A) An inability to learn which cannot be

CONDITION	DEFINITION
	explained by intellectual, sensory, or health factors; (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) Inappropriate types of behavior or feelings under normal circumstances; (D) A general pervasive mood of unhappiness or depression; or (E) A tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children who are schizophrenic or autistic.* The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.
Specific Learning Disabilities	"Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

*A January 16, 1981, Federal terminology change moved "autistic" into the "other health impaired" category to reflect ". . .expanded knowledge of autism." Not all autism is associated with severe emotional disturbance. Whether most states will follow that change is uncertain.

CONDITION	DEFINITION
	The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or of environmental, cultural, or economic disadvantage.
Speech Impaired	"Speech impaired" means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.
Visually Handicapped	"Visually handicapped" means a visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

Source: U.S., Federal Register, Vol. 42, No. 163, August 23, 1977, pp. 42478-42479, and Vol. 41, No. 89, May 6, 1976, pp. 18660-18661.

Obviously, it is no simple matter to locate all the children who need special education and related services because of one or a combination of these exceptional conditions. One major role of the teacher is to be alert to instructional situations in which their own skills may need to be supplemented. Seeking assistance from a colleague from special education or school psychology or school health services is a sign of responsible professional behavior. Very often, too, it leads to the identification of and to improved educational opportunities for exceptional children.

The importance of a careful, thorough, step-by-step, detailed analysis of the child's characteristics is highlighted in P.L. 94-142 by specific guidelines, as follows:

> ."tests are provided and administered in the student's native language and validated for the purpose for which they are used;
>
> ."tests are administered and selected to best ensure that the skills of a student with a sensory or physical impairment are reflected, rather than the student's sensory or physical limitations;
>
> ."no single test shall be used as the sole criterion for placement;
>
> ."a multidisciplinary team or group of persons including the classroom teacher(s) or other specialist with knowledge of the disability; and
>
> ."student to be assessed in all areas related to the suspected disability including, when appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities."

These and similar safeguards of objectivity and accuracy should apply, of course, to all children under all circumstances. They are proper and sound in and of themselves and professional educators should apply the

concepts whether or not they are required by law.

Implications of Exceptional Conditions

Parents and other close relatives face vexing questions about children and youth with exceptional conditions. So do the children and youth themselves. Both frequently bring those questions to their conferences with teacher. The questions often reach far afield from matters of progress in the school curriculum as such.

Teachers, confronted with often disquieting inquiries, cannot be expected to supply expert consultation and counseling on such diverse and complex matters as making vocational plans and choices, arranging trusts, relationships with brothers and sisters, or advice on sex behavior. Teachers do, though, need to be able to appreciate such problems and to respond understandingly.

Knowledge about the medico-psychological aspects of exceptional education can be of real help to prepare teachers to deal with worried parents and pupils at a safe level and to field their inquiries with sensitive objectivity, without becoming personally troubled. What is needed is a level of understanding that gives teachers confidence in both reassuring families and in making correct referrals. The brief summaries about the conditions listed in Table 1 and in what follows here are designed to provide a first step toward acquiring that knowledge base.

DEAF AND HARD OF HEARING

The educational consequences of hearing impairment depend largely on the individual's age when the loss occurs. A person born deaf has difficulties in both language and speech development not experienced by those who become deaf after learning language and speech in the usual way. Individuals born deaf are often referred to as congenitally (or prelingually) deaf while

those born with normal hearing but who later lose it are called the adventitiously (or postlingually) deaf.

In medical diagnosis and treatment sensory-neural deafness designates nerve deafness; sound gets transmitted to the inner ear but goes no further. Hearing impairment results from damage to the auditory nerve pathway to the brain. Causes of this type of damage include meningitis, Rh incompatability between mother and fetus, pertussis, influenza, measles, trauma, and hereditary factors.

Conductive hearing losses result when sound waves fail to be transmitted to the inner ear. Congenital malformations, infections, fluid in the middle ear, and bony growth in the middle ear block vibrations before they reach the inner ear. Two other common causes are middle ear infections and otosclerosis. An individual may suffer a mixed loss, a combination of conductive and sensory-neural.

Educational Implications

Educational modifications for students with mild hearing losses include assigning a front seat, facing the child when speaking, outlining material on the chalkboard, and making assignments in writing. The crucial need is for clear communication between student and teacher to facilitate learning. Deaf and hard-of-hearing students experience problems in acquiring expressive language; good communication has both receptive and expressive language components.

The most common measures to improve deaf students' language skills are the provision of devices that amplify sound and educational programs to train in lipreading (also called speechreading), manual sign language, or a combination called total communication. Hearing aids ought to be prescribed and

fitted by professionals. Children now use hearing aids from very young ages to grow up in a "hearing world" and to benefit from auditory learning. Speechreading and manual sign language is taught in most communities by colleges, vocational training centers, and universities. Interpreters can be provided full time for children in regular classes.

Deafness is expensive. The costs of appliances and of limited ability to negotiate in the marketplace put special burdens on the deaf people, especially those who do not learn to communicate readily. Many deaf and hard of hearing work at jobs requiring far less education than they have; they are underemployed, largely due to communication difficulties.

Most students with hearing impairments can be educated, with special help, in regular classes. Following are suggestions for the regular class teachers.

A. Make sure that hearing aids fit properly, have fresh batteries and are used when necessary. The hearing aid cannot completely normalize hearing; some distortion is inevitable, since all sounds are amplified.

B. Arrange seating at the best advantage and permit changes so the hearing impaired student can face the teacher. Encourage watching the teacher's face; the better ear should be toward the teacher and class.

C. As much as possible, the teacher should face hearing impaired students. The use of an overhead projector rather than the chalkboard is encouraged in this regard. Speak normally and distinctly.

D. Fatigue should not be interpreted as a lack of interest. Auditory impairments require students to expend considerable

energy to "hear" others.

E. Rephrase and restate oral information. They may need a word or phrase repeated.

F. Evaluate the performance of students with hearing impairments according to the standards employed with the rest of the class. Allowance for only the level and method of instruction should be made.

G. Use a "listening helper" or "buddy" to provide special help where it is needed, such as taking notes or recording what is said over the school's public address system.

H. Discuss new materials or assignments with hearing impaired students before class time. Practice getting the attention of the child before giving instructions.

I. Include these students in extracurricular activities.

The curriculum of the deaf and hard-of-hearing student need not be different from that designed for the hearing student except for the deliberate teaching of communication skills and accommodations to make good communication feasible in all circumstances. Individual differences in talents and intelligence exist among those with hearing impairments, just as they do among those who have normal hearing. In providing for the education of the hearing impaired student, the instructor needs to make adjustments similar to those for other students.

BLIND AND VISUALLY HANDICAPPED

The important fact is that a visual impairment can limit the student's ability to function in school. A student who cannot use standard reading

material because of a lack of visual acuity is considered visually handicapped. Technically, a legally blind student has central visual acuity of 20/200 or less in the better eye after correction, or has visual acuity of more than 20/200 if there is a visual field defect in which the widest diameter of the field subtends an angle no greater than 20°. A legally blind student can see at 20 feet what a normally sighted child sees at 200 feet.

Such definitions have little utility for teachers. Educationally relevant definitions should indicate how students will function in school. It is more useful to describe three groups: 1) those with no useful vision who are educated through other sensory modalities, 2) those with useful vision but whose major avenue of learning may still be through senses other than vision, and 3) those who can learn through visual media even though their vision is severely impaired.

Another educational definition suggests using the term print reader in lieu of partially sighted, for one who can use printed material (which is enlarged or read with special magnifying aids) as a primary learning medium. Students would be considered blind or Braille-readers if they must use nonvisual materials such as Braille or audiotapes for learning. Misunderstandings can still occur because many Braille-readers learn to read print and function by using both. Also, some students with special tactile and/or visual perceptual problems may not learn to read either Braille or print and must depend on listening skills for learning. But the use of these more education-oriented terms is preferable to the medico-legal ones.

Emphasis is now placed upon using residual vision to the maximum to increase visual efficiency. Trying to "save" what vision a person has by not using it is counterproductive. Disuse decreases visual functioning. Planned visual experience, while it does not improve existing vision, can improve the ability to use what vision there is, thus increasing visual efficiency.

Educational and vocational goals for visually impaired students should be essentially the same as those for other students. The teacher must strive to capitalize on what vision is available and to build skills that will enable them to participate in life's opportunities to the fullest extent possible. Another is to prepare them to function at optimum levels of remunerative employment.

There are also attitudinal barriers largely created by sighted persons. Most troublesome are discrimination in job opportunities, lowered expectations, and misguided compassion. These restrict normalization by reducing opportunities and by constricting the self-image. Visually impaired persons are capable of much higher functioning that is often believed by the public.

Educational Implications

Students with visual impairments have been educated in regular classes for more than half a century. They are among the easiest of all to mainstream effectively. Educators realize that these students can work with sighted students with minor modifications and adaptations in the educational program. Yet, they are by no means a homogeneous group with a set of common learning or behavioral characteristics. Some need only material adaptations such as Braille or large type. Others need special personnel, material, and curriculum. Some may have disabilities in addition to vision which further complicate the education programming.

Blindness requires students to learn through hearing, touch, taste, and smell. Curricula are adapted to these modalities, in terms of content and specialized materials. Content additions to the curriculum include orientation and mobility, daily living skills, tactual discrimination, sensory awareness, and training to use the abacus, Braille, and listening skills. Specialized

materials used by blind students include talking books, audio and sensory aids, slate and stylus, time compressed recordings, thermoform maps, raised clock faces and Braillewriters. Adaptations for low vision involve the use of large print texts, use of magnifiers (including those producing words in white on a black background), and emphasis on good listening skills.

Hints for teachers include:

A. Call the student by name when a comment or a question is directed to that student.

B. Begin all instruction at a concrete level and keep it there as much as possible. Use field trips or bring manipulative materials to class in order to provide a wide range of experiences.

C. Tape lectures, tests, reading assignments or have them transferred to Braille or large print, or utilize volunteer readers. Physically accompany the student through gross motor activities, including physical education, if necessary, but do not exclude them from phsycial activities. Running, jumping, wrestling, swinging, rolling, gymnastics, dancing, swimming, etc. will enable children with vision impairments to interact with others physically which in turn develops a positive attitude for both. In art, emphasize tactile activities such as clay, finger painting, weaving, collage, and paper sculpture.

D. Give preferential seating. Explain any rearrangement in furniture. Listening is important; thus room noise should be kept low when s/he is depending upon this learning modality. Remember how much information is generally conveyed visually.

Students who are visually impaired may need much more verbal and tactual interaction to get the messages that their classmates pick up visually.

ORTHOPEDIC IMPAIRMENTS AND OTHER HEALTH IMPAIRMENTS

Children with orthopedic problems and others with health problems are, medically, two distinct groups. The two are considered together here since many need the same adaptations of the learning environment.

Cerebral Palsy results from brain damage before, during, or after birth from poor maternal nutrition and health, blood type incompatibility, anoxia, or birth trauma. The damage is to the areas of the brain that affect motor control of groups of muscles.

The American Academy for Cerebral Palsy lists these types of cerebral palsy:

Spasticity (increase in muscle tone),

Athetosis (slow writing movements which conflict with voluntary movement),

Rigidity (extreme stiffness and tenseness of extremities),

Ataxia (poor balance, coordination and difficulty with depth perception),

Tremor (regular and rhythmical involuntary shaking movements),

Atonia (lack of muscle tone, limpness and flaccidity), and

Mixed (combination of other forms).

Mental retardation, learning disabilities, emotional problems, seizures, visual impairments, auditory impairments, and speech impairments are frequently associated handicaps, but the affected child may have none of them.

A congential anomaly is an impairment present at birth. The child may be without an appendage or with a deformed appendage, such as a clubfoot or clubhand. The condition may be inherited or be environmentally caused.

Spina Bifida is a condition in which certain bones of the spine fail to form completely. It is usually treated surgically immediately after birth. The disability can vary from little or none, to paralysis of the legs, impaired autonomic nervous system functioning, difficulties with bowel and bladder control, to lack of sensation in the lower body.

Spinal cord injuries may result in paralysis. When quadraplegia results, control and sensation in the arms and everything below that point is lost. When control and sensation is lost in the legs, it is referred to as paraplegia. In both conditions, there is usually loss of bowel and bladder control and often loss of sexual functioning. Other problems, such as physical deterioration of muscles and pressure sores from wheel chairs or braces, arise because of the paralysis and loss of sensation.

Amputation is the removal of a limb or a portion of a limb. It is usually followed by the provision of a prosthetic device (artificial limb). When the device has been fitted and the child has been trained to use it, the result is considerable recovery of function.

A contracture is a permanent shortening of a muscle. A student may have a permanent disability or a deformity as a result.

Health impairments include many conditions, both acute and chronic. This section presents descriptions of several conditions with which the educator may wish to become more familiar. Not all the health impairments educators encounter are included, due to their diverse nature. Some are relatively rare.

Asthma appears as recurrent attacks of labored breathing accompanied by wheezing and coughing. It is an allergic condition of the lungs. Along with the asthma, the individual often exhibits other allergic problems such as eczema, hayfever, hives, and food intolerance. An asthmatic attack can

be a frightening experience for the observer because of the struggle and gasping for breath, the color change, and the distress displayed by the child. Asthma varies in severity. Generally, asthmatic students will regulate themselves.

Epilepsy is a condition produced by various diseases, tumors, or injuries to the brain. These injuries result in electrical discharges from the brain, called seizures. The common types are:

Grand mal is the most dramatic type of seizure. The person experiences violent convulsions and loss of consciousness. Episodes are often preceded by a warning (aura). It may be a visual, auditory, olfactory, abdominal or other sensation that the person recognizes. The results are (1) abrupt loss of consciousness; (2) tightening of the muscles with the body rigidly extended (tonic spasm) for usually one to three minutes; jerking movements of the head, arms and legs (chronic convulsion) lasting two to three minutes; (4) a period of returned consciousness with or without confusion; and (5) a period of sleep. Frequency of seizures vary from one per year to many a day.

Petit mal is the second most common form. There is a sudden fleeting loss of consciousness or a change in posture or muscle tone, without warning. Typically, there is nothing more than a momentary gap in the person's activities with a related gap in memory.

Jacksonian seizures begin in one extremity or side of the face and progress through the arm or leg of the same side, usually without loss of consciousness.

Psychomotor seizures result in behavior that is purposeful but not relevant to the situation. The person may act as if intoxicated or may engage in purposeless motor movements. The person has no memory of the incident, which usually lasts only a few minutes. One out of two hundred people are epileptic. Approximately 75 percent have their first seizure before the age of 25.

Diabetes may be due either to the inability of the pancreas to produce enough insulin or to the inability of the body to use properly the insulin produced. In either case, excess sugar accumulates in the blood (hyperglycemia). Diabetes affects approximately 3 million people in the United States; about 4 percent have onset in childhood. The most effective control of the disease is obtained when a balance of insulin, diet, and exercise is achieved.

This is a partial list. Teachers should know all they possible can about a given child's impairment in order to help the pupil and his/her peers to adjust. Teachers should be taught to seek actively this information which not readily available.

Behavioral Characteristics

Orthopedic or health handicap does not imply mental handicap and it does not always imply educational handicap. Limitations will most often be evident in mobility, motor coordination, social age, and interpersonal relationships. Physical limitations are as varied as the impairments and their severity. Some pupils may move about with minimum aid; others may require a wheelchair, use crutches or braces, or be generally awkward. Such students may also tire easily, receive drugs that have negative side

effects on learning, or be in pain. Personal problems can develop in those who feel rejected or isolated by peers and family. Overdependence, anxiety, and feelings of inadequacy may develop in the course of lengthy hospital stays or as a consequence of facing impossible architectural and human barriers daily.

Physical differences do not go unnoticed. Attention seeking behavior or withdrawal may be used by the student in order to live from day to day with a physical or health disability which evokes a response to a condition first and the person second. The reactions of others plus a hostile physical environment may engender more of a handicap than the condition itself; many find it difficult to constantly cope with both stares and stairs.

Educational Implications

Orthopedic and health handicaps usually do not inhibit learning by conventional methods if there are reasonable modifications in the physical structure of the building, the classroom and learning mateirals. To illustrate, if the student uses crutches, braces, a wheelchair, has a prosthesis, is catheterized or must use other types of medical equipment, the teachers can do the following:

A. Become familiar with the function and use of the equipment. Notice signs of malfunction of the devices (such as worn out or missing parts, braces and shoes that are too small or are rubbing).

B. Learn from the student, parent, resource teachers, or any other appropriate person the exact nature of the impairment and its affect (if any) on learning. Take note of the student's endurance level. Watch for fatigue or pain. Be

reinforcing regarding therapy the student receives.

C. Ask about devices such as adaptive typewriters, book holders, page turners, weights, and other items or services that can be obtained to aid in using academic material. Find alternative ways to cover the same materials (i.e., tape recorders, readers, records). Be ready to help compensate for frequent absences.

MENTAL RETARDATION

Mental retardation refers to significantly limited intellectual ability and limited adaptive behavior in children and adults. Among the more than 200 identified causes are:

Genetic irregularities--some inherited and some caused during pregnancy by overexposure to x-rays, by infections, and by other causes

Condition of the mother during pregnancy--including German measles, malnutrition, and glandular disorders

Trauma during birth--including measles, meningitis, and encephalitis

Glandular imbalance

Malnutrition

Accidents causing damage to brain tissue

Anoxia (lack of oxygen)

Poisons ingested

Understimulation (environmental deprivation resulting in limited development)

Children are retarded if their measures of intelligence, academic achievement,

and adaptive behavior are significantly below the norms of their agemates. The term profoundly retarded implies severe impairment and the need for constant care. The term severely retarded implies marked impairment in motor, speech, and language development, but the child shows minimal independence despite that. Moderately retarded individuals are capable of learning self-care skills and of benefiting from training, yet they usually require a sheltered (protective) environment. Mildly retarded persons can obtain competitive employment and function in daily community life, though often marginally.

Look at the student who may be mentally retarded as an individual with the same human needs as any other student. If a student who seems retarded is confronted consistently with negative attitudes and expectations, the result can be poor self concept, anxiety, and hostility, just as with any other student, retarded or not. Unfortunately, that does happen often because of unrealistic expectations and insensitive actions of friends, family, and teacher. Expectancy of failure can cause behavior problems plus lack of motivation to attempt academic tasks. Then because of lack of confidence, the student may not use the talents and potentials that do exist.

Educational Implications

The teacher should acquire information concerning the student's specific strengths and weaknesses. A primary responsibility is to foster peer acceptance and to help establish and maintain a positive self concept. Appropriate curriculum, teaching style, and rewards are key motivation factors.

Suggestions to enhance academic skills with all children, including those who seem retarded, include the following:

A. Set simply state objectives with small steps in the materials to be learned.

B. Arrange practical, concrete, first-hand experiences as often as possible.

C. Be flexible in selecting and sequencing instruction; relate to the pupil's interests.

D. Lead the student step-by-step through tasks, no matter how small each step may have to be for the student to achieve success.

E. Provide frequent feedback to encourage students. (Programmed materials and teaching machines are often used effectively for this reason. In addition, good programs proceed in small steps.) Praise increases in achievement, rather than first expecting perfection.

F. Use a variety of approaches for teaching the same concept, avoiding drill which is tedious and meaningless.

G. Conduct frequent review and reinforcement, enabling the student to maintain previously learned skills.

H. Foster the use of peer helpers for academics and for social activities. Tutors can also be drawn from parents, siblings, volunteers, and older students.

I. Reduce the likelihood of frustration by giving small assignments, but as much as possible keep them on the same content the rest of the class studies.

J. Employ task analysis for assessing learning needs. A specific task is broken down into successively smaller component steps until errors in student performance are precisely identified. Then the subskills needed to correctly perform the task are known and taught.

K. Encourage students who are retarded to look to classmates for cues. Daily schedules, either in words or pictures to illustrate classroom routine, also helps orient students.

SERIOUSLY EMOTIONALLY DISTURBED

Seriously emotionally disturbed children exhibit maladaptive behaviors that interfere with learning. They are unable, on their own, to build or maintain satisfactory interpersonal relationships with others. Also, they can be depressed, show fears, or possess schizophrenic or autistic symptoms.

Behaviors include:

Temper outbrusts

Hostility and aggression toward others

Extreme withdrawal

Depression and apathy in situations others enjoy

Beliefs others are conspiring against them

Loss of bodily function (for example, sight or hearing with no physical explanation)

Unrealistic fear of ordinary objects

The classification of emotional disturbance is based on the premise that the behavior has occurred over a substantial period of time and that it is of major intensity.

There is really no simple definition for emotional disturbance. Varying degrees of these same behaviors are observed in most students. Only when the behaviors are exhibited frequently, in the wrong places, at the wrong times, in the presence of the wrong people, and to an inappropriate degree, do they constitute evidence of a behavioral disorder or emotional disturbance.

Educational Implications

Teachers encounter a wide range of disturbed students. Certain particularly stressful situations (divorce, accident, re-marriage, moving, death, disease) can disturb anyone's emotions temporarily. A student "in crisis" needs special consideration from teachers in order to help maintain control. These suggestions about structure may help with students who are disturbed.

A. Provide a tightly organized learning environment, one in which teacher expectations and limits are clear.
B. Allow opportunity for success, then reinforce with meaningful rewards.
C. Be sure that instructional materials are interesting and appropriate for the student.
D. Give encouragement; point out success and positive behaviors to both student and peers.
E. Halt misbehavior before you become angry and before it involves the whole class.
F. Avoid ridicule, embarrassment, comparisons, arguments, or use of force.
G. Make it clear to the student that you care and have concern.

LEARNING DISABILITIES

Learning disabilities is an integration of three historically separate conditions. Disorders of spoken language, written language, and perceptual and motor processes were viewed separately until the early 1960's. These disorders were then combined under the term learning disabilities. A generally accepted definition of learning disability has not yet evolved. The major characteristics of the learning disabled pupil are a discrepancy wherein

the intellectual level is significantly above achievement in specific academic areas; where the problem does not originate from physical disabilities, such as, blindness, deafness, or physiological factors; where intellectual ability is in the average to above range; and where poor academic achievement is not a result of mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage.

Educational Implications

Try new approaches with students who so far have not experienced success. Strive to develop an instructional plan which maximizes the chances for student success.

A. Teach according to the student's present level of skill (readiness).

B. Consider multisensory approaches.

C. Interrelate verbal and nonverbal learning tasks.

D. Motor activities are especially useful. All exercises should be simple, without detail, and have an appropriate rate of progress for each student.

E. Maintain and insist that the student maintain good organization of materials (a place for everything and everything in its place). Structure the whole day and avoid changing routines.

F. Give the student only one task at a time and gradually increase the quantity of work expected. Praise or reward successive approximations to the final step. Make sure each goal is broken up into smaller tasks so the pupil can gradually attain the desired skill.

SPEECH PROBLEMS

Speech problems include articulatory defects, stuttering, vocal defects, retarded language development, cleft palate speech, language impairment, cerebral palsy speech, and speech defects due to impaired hearing. The most common are articulation defects made up of omissions ("bo" for "bowl"), substitutions ("wabbit" for "rabbit"), distortions ("wawa" for "water") or additions ("wayell" for "well").

Stuttering is involuntary stopping, rapid repetition of sounds, or prolongation of a sound occurrence and their debilitating effects.

Voice problems include unusual pitch, intensity, quality, and/or flexibility. Pitch may be inappropriate to age and sex. Intensity may be too loud or too soft. Quality problems include breathiness, harshness and nasality. Flexibility is lacking in the monotone.

Delay in language means limited vocabulary, simpler sentences, speech omissions and infantile pronunciation of words. The lag in language development is greater than normally expected of children of the same age and background.

Cleft palate speech is nasal in quality, plus an impaired ability to reproduce consonants like "p" and "b" that require a buildup of air.

Cerebral palsy speech consists of defects in articulation and rhythm caused by impaired motor functioning resulting from brain damage.

Hard of hearing or deaf speech: Speech is normally learned and regulated through hearing and imitation. Impaired hearing is accompanied by speech problems in articulation, voice, and intensity. When the onset of hearing loss is in early childhood, the development of language itself is impaired.

Educational Implications

The role of the teacher working with a speech disabled student varies depending on the nature and extent of the problem.

A. Accept the speech of all students as part of the developing child. Focus on helping students to develop positive self concepts by emphasizing assets. Provide a variety of language experiences through which the student can experience success. Assisted by the speech therapist, provide a comprehensive oral language program for all pupils.

B. Be aware that the teacher is a language and speech model for students. Seek information concerning techniques used by speech specialists during therapy. Explain it to all students. If the services of a speech clinician are not available, begin a remedial program based on consultation with a speech specialist.

C. Listen to what students have to say, attentively with active interest. Do not look away. Do not overhelp by "saying it" for the child even if you are aware of what the student would eventually say. Encourage group participation.

D. Provide a model of being accepting. The other students will follow. Show by actions that the speech disorder makes no difference with respect to friendship, academic status, or any other relationship in school.

Recent Additional Special Terminology*

Terminology associated with exceptionality is complicated further by several expressions that either cut across conventional labels or group them in new ways. Because these expressions appear frequently in books and articles and in discussions they are reviewed briefly here.

Developmental Disabilities, a phrase originally coined to include mental retardation, cerebral palsy, epilepsy, and autism. The underlying rationale for the term as originally used is not clear, nor is the reason why only these four counditions were included. The phrase took on broader meaning over time. The present formulation is noncategorical and functional. As now used, the rationale for developmental disabilities emphasizes the severity and the chronic aspect of the disabilities. The services required, too, are the focus, rather than the diagnostic labels. Thus, today a developmental disability is defined as a severe, chronic disability, generated by a mental impairment, a physical impairment, or both, whose results are substantial limitations of adaptive behavior in clearly discernible and significant areas of human life activities.

The contemporary definition makes accurate use of the impairment-disability-handicap triad of Stevens (1962) and it also employs a broader application of the adaptive behavior concept now associated primarily with the assessment of mental retardation. So far, the expression developmental disabilities has had limited currency in special education. It does seem to have potential application, however, because it groups a variety of conditions in terms of the similarities of their needs for special education and services.

*This section covers Self-Assessment item 19.

Severely and Profoundly Impaired (sometimes written as Severe/Profound or S/P/I). This expression of fairly recent origin was created as a convenient descriptor for any individual who is virtually helpless and where the helplessness is apparently associated with mental retardation. At the heart of this term's purpose is the recognition that some individuals are so shut off from normal stimulation by impairments that interfere with perception, communication, locomotion, and other environmental interactions that they suffer inhibition in cognitive development even though the potential for normal intellectual growth is present. Contemporary professional literature is replete with case study accounts of the use of special education technology to circumvent disabilities and open productive personal and social lives to these individuals.

Mildly Handicapped is a term that is now frequently applied to encompass most children diagnosed as either learning disabled, educable mentally retarded, emotionally disturbed, physically handicapped, or health impaired. The two core elements in the usage of this term are these: (a) all the pupils can be given an appropriate education in regular school classes, with the help of resource teachers who either take the children out of class for part of the day for special instruction, work with the teacher and/or the child in the regular class part time, or both; (b) the special instructional needs of these mildly handicapped children are so similar, so circumscribed, and so well understood that one special educator can be trained to teach all of them. That special educator is often referred to as being generically trained. The use of "mildly handicapped" represents another move away from specific labels toward more educationally functional expressions.

Low Incidence Handicaps. This phrase includes a group of exceptional conditions which occur infrequently in comparison with other exceptional conditions. For instance, in the 1977-78 school year, the recorded percentages

of the school population by handicapping condition were as follows:

Speech Impaired	2.39	Other Health Impaired	0.27
Learning Disabled	1.89	Orthopedically Handicapped	0.17
Mentally Retarded	1.84	Deaf and Hard of Hearing	0.17
Emotionally Disturbed	0.56	Visually Handicapped	0.07

The hearing and vision handicaps, because of their relative low frequency, are sometimes thought to constitute special problems from the standpoint of getting appropriate education to them. In the past, that was used to justify sending them to residential schools, but that is considered much less necessary today because the knowledge and technology needed to maintain them effectively in local schools is readily available.

Conclusion*

More than 25 years ago some educators were moving toward another way of thinking about exceptional conditions one more closely linked to the teaching and learning of all children. That trend leads in the direction of increased attention to the educationally relevant factors in exceptionalities. Instead of concentrating primarily on diseases and disorders and their causes and treatments, the thinking of teachers, school psychologists, principals and superintendents now more often converges on what educational implications stem from specific impairments.

*This section covers Self-Assessment item 20.

However, no one urges that health considerations be ignored. But it has grown increasingly clear that what matters most to educators is how long a condition will continue, what personal accommodations and safety procedures it necessitates, what aspects of instruction-related behavior it effects (i.e., communication, attention, mobility, understanding), what socio-vocational implications it has, and similar factors. In short, it is the educationally relevant considerations that claim highest priority for the teacher and loom largest in importance.

The educator asks the same questions about the "exceptional" child that are asked about all children: What elements in this child's background, make-up and present environment have significant effects on how and what I teach? What accommodations are necessary because of this child's individuality?

All children can learn, if appropriately taught, to be more independent, to be more productive both in the personal sense and in the sense of making contributions to society, and to work toward more happy, more self-fulfilling lives. The fact that a child is viewed as exceptional does not alter that in any fundamental way. The only thing changed by the presence of the exceptional condition is the way one goes about providing the appropriate teaching.

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MAKING LANGUAGE WORK TO ELIMINATE HANDICAPISM

June B. Mullins

> *In truth there are no neutral conventions in language any more than there are "neutral" photographs. The framing of a shot, the angle, the conscious control to open the shutter now and not later, the choice of settings, film and lighting — all of these guarantee that a photograph will be influenced by human judgment. So it is with language. (Brown, 1975, p. 23)*

Written materials can portray vivid images equally as well as photographs. Visualize the difference between a person confined to a wheelchair compared to a person who *uses* a wheelchair. Confinement implies "restriction," or "imprisonment" or "restraint" whereas use signifies "control for a purpose" or "extension of ability." In a similar fashion, conjure the image of a person "suffering" from epilepsy rather than subtler words such as experiences seizures.

Creators and publishers of educational materials have significant responsibility in the formation and reinforcement of behavior and attitudes toward people who are physically or intellectually handicapped. Recognizing an urgent need for publishing guidelines to fairly treat persons with exceptionalities in educational materials, The Council for Exceptional Children joined a consortium with the National Center on Educational Media and Materials for the Handicapped and the University of Pittsburgh.

A pamphlet, *Guidelines for the Representation of Exceptional Persons In Educational Material,* was recently published to "assure that print and nonprint educational materials reflect a positive, fair, and balanced representation of persons with exceptionalities." Several factors have contributed to the need for these guidelines including:

- There are approximately eight million persons in this country with exceptionalities.
- Despite periodic articles or news coverage about persons with exceptionalities, the vast majority are not represented at all.
- Many people do not understand or know how to relate to a person with an exceptionality as a person first, and as a person with an exceptionality second.
- Probably less than one percent of educational materials represents persons with exceptionalities.

Persons with exceptionalities possess both a large set of competencies and a very small set of characteristics which make them different. The polarity of semantics allows either a positive or negative portrayal of the differences. By overplaying the negative and devalued aspects of exceptionalities, the reader of educational materials is more likely to reject and segregate people into narrow stereotyped images.

Changes in civil rights for blacks and women have preceded the social change movement for individuals with handicaps. Legislative, judicial, and executive orders during the past several years have emphasized values such as human dignity, right to individualized treatment, and providing services in the least restrictive environment. This movement toward physical, social, and temporal integration of exceptional persons will create conditions for more interactions with nonhandicapped persons in normalized settings. To facilitate the development of cultural sensitivity to the positive representation of persons with exceptionalities, the specific guidelines developed by the consortium for Appropriate Representation of Exceptional Persons in Educational Materials will be presented followed by elaboration of each statement.

Guideline 1: *In print and nonprint educational materials, ten percent of the contents should include or represent children or adults with an exceptionality.*

By a very conservative estimate 12% of school aged children are handicapped (U.S. Office of Education, 1976). This figure often astonishes people, but it has been validated by several national surveys.

Percentages of Handicapped School Aged children by Disability

Speech Impaired	3.5%
Emotionally Disturbed	2.0%
Mentally Retarded	2.3%
Learning Disabled	3.0%
Hard of Hearing	.5%
Deaf	.075%
Crippled or Other Health Impairment	.5%
Visually Impaired	.1%
Multihandicapped	.06%
	12.035%

In addition to these categories, the Bureau of Education for the Handicapped estimates that 2 percent of the school population can be classified as gifted children, thus raising the total proportion of exceptional children to over 14 percent. The guidelines apply to this group of children also.

Generally, unfair representation of persons with handicaps is attributable more to errors of omission than commission similar to the problems of sexism (APA Task Force, 1975). Handicapped persons should not be treated as invisible, but should be fairly represented. Exceptionality has widespread impact on parents, families, educators, employers, and other human service workers. Exceptionality should be regarded as a topic of general concern, not avoidance.

Guideline 2: *Representation of persons with exceptionalities should be included in materials at all levels (early childhood through adult) and in all areas of study such as:*

Career Education	Mathematics
Guidance	Physical Education
Health Studies	Science
Language Arts	Social Studies
Vocational Education	

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Probably less than one percent of educational materials represents persons with exceptionalities. The infrequent presentation of handicapped people as subject matter is more noticeable than bias and misrepresentation within material that is presented. The first inclination of publishers revising texts to reflect the guidelines will be to include handicapped children in pictures of pupils in the classroom. The true meaning of the guideline requires not only children to be represented, but also adults. If only children are depicted as having differences without inclusion of adult models, devaluation by omission has occurred.

Educational materials should depict adult life in the working world. Persons with exceptionalities have become teachers, lawyers, and business leaders. Handicapped people exist in all walks of life, and have been contributors in all fields of endeavor. Children with handicapping conditions need role models in textbooks that reflect appropriate aspiration levels.

As the *Carnegie Quarterly* (1974) so aptly states:

> Children learn their place in the world not just from their home and school but from the larger society, and this knowledge is reinforced through toys and books, movies, and television. No child is too small to pick up the clues — intentional slurs and subtle suggestions — that just as surely tell what blacks, Native Americans, Chicanos, or just plain men and women are and do — and thus what they can't become or can't accomplish. Books, perhaps children's books most of all, are powerful tools by which a civilization perpetuates its values — both its proudest accomplishments and its most crippling prejudices. In books children find characters with whom they identify and whose aspirations and actions they might one day try to emulate; they discover, too, a way of perceiving those who are of a different color, who speak a different language or live a different life. Heroic epics, schoolbook histories, timeless fairy tales all help to inspire pride and ambition, fear, and defeatism.

It is relatively easy for teachers to include or feature persons with handicaps in units of instruction. For example, a unit on physical education can cover the development of sports for people who compensate in many ways. Sports for people with physical handicaps together with Special Olympics for people who are mentally retarded can be documented. Skiers and horsemen from the National Matter of Inconvenience Group also provide representation of athletic options available to people with handicaps.

Units on science may also directly relate to disabling conditions. Hardware of prostheses and communicative devices are fascinating to study and exemplary of the advanced science and technology of the space age. For example, one can explain workings of the hearing aid as a science or electronics project. Surgical and medical procedures associated with various impairments beautifully illustrate biological principles. One can use artificial limbs and other prosthetic devices for illustrations in areas of physics, engineering, physical education, and hygiene.

Courses in family life, ethics, and social studies are actually incomplete without consideration of human variation, ways of coping with adversity, and social management of differences perceived as deviance. Architectural modifications in designing accessible buildings and convenient interior spaces is also relevant and timely.

In language arts, a unit on communication would not be complete without consideration of alternative systems such as American Sign Language.

In career education and vocational education, the contributions for and by persons with handicaps are outcomes of necessity. For example, the Optacon was developed by the father of a daughter who was blind while the valved shunt was invented by the father of a child with spina bifida.

Guideline 3: *The representation of persons with exceptionalities should be accurate and free from stereotypes.*

> **The Consortium asks,**
> **Are you aware that each exceptionality has varying degrees of severity? Have you represented the deaf as dumb; the blind as pitiful; the intellectual as bookwormish; the mentally retarded person as poorly groomed, as unkempt, or as the fool?**

We are living in a time of great social change. The accelerating rate of change makes any reliance on past myths and stereotypes particularly dangerous. Texts should avoid unwarranted generalizations about handicapped people in general, and about people within categories of handicapping conditions in particular. Speaking of people as "the handicapped" or "the disabled" implies a monolithic group. Any group of people share human commonalities while retaining individual differences. It is better to speak of people with a particular disability in terms of shared positive traits rather than shared differences. All handicapped people are not grateful, sweet, passive, and compliant, although sometimes society would apparently like to see them so.

If only children are depicted as having differences [handicaps] without inclusion of adult models, devaluation by omission has occurred.

Within an individual category of handicap, there is wide variation in severity. Few visually impaired people lack all vision, use guide dogs, or have musical talents. It is unrealistic to present all visually impaired people in such stereotypic roles.

The use of categorical labels has several negative outcomes, but one of the most derogatory practices is to make these descriptors into nouns, thus equating devaluation with individual differences. People with handicapping conditions should not be referred to by using noun phrases such as epileptics, wheelchair people, CPs, LDs, trainables.

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retardates, multiples, vegetables, the clobbered, or the crazies. Professionals who are unable to appropriately vent feelings about people with handicapping conditions might speak to one another in this shorthand language. Doctors may use "FLK" (funny looking kid) as a diagnosis . . . an esoteric description for possible neurological impairment. Other phrases such as "SBS" for spoiled brat syndrome or "psychoceramic" for "crackpots" have also traveled the professional circles.

References should not be to "a cripple" or "a psychotic" but rather to individuals, using descriptors not labels. The use of the diminutive as in "the little lame prince," "the little blind girl," or the "happy dwarf" convey condescension and devaluation. Another frequent tendency is to associate devalued roles with exceptionalities such as "the blind beggar," "the disfigured villain," or "the insane criminal." Descriptive detail should minimize stereotypes and emphasize personal attributes in a positive manner.

Guideline 4: *Persons with exceptionalities should be shown in the least restrictive environment. They should be shown participating in activities in a manner that will include them as part of society.*

The purpose of this guideline is to overcome the impression presently embedded in educational materials that all people are average, and that most social and career roles are exclusively people without handicaps. This impression must be overcome in present educational materials — that all people are healthy, physically whole, and look and act within this narrowly defined range of average appearance and behavior (albeit that these people now may be of both sexes, have different skin colors, and may appear in urban as well as suburban settings.)

> The Consortium asks,
> Are all deaf persons shown only in the company of other deaf persons?
> Are all retarded persons shown in institutions or going places only in groups?
> Does your material reflect the idea that persons with exceptionalities cannot function in the mainstream of society?

Work is one of the most highly valued activities in American culture today. The work products of persons with handicapping conditions have typically been regarded as having less value or only marginally acceptable compared to products made by people without handicaps. For example, making cane chairs; recycling glass, rags, or clothes; woodworking; crafts; and small contracts for packaging work are regarded as marginally productive endeavors compared to higher skilled occupations. People with handicaps are capable of employment outside the sheltered workshop. Textbooks should depict persons with exceptionalities employed in several essential occupations.

Feature writers for newspapers often portray explicit surprise in writing about disabled individuals who are discovered performing jobs that are assumed to be held only by nonhandicapped persons. This "gee whiz" tone of writing is a veiled insult because it assumes the accomplishments of the handicapped persons under discussion are flukes of nature and noteworthy because of their extreme improbability. This tone creeps into many "first disabled person on the job" stories. The shallowness of reporting spills over into a description of the normal routine off the job. Preparation of breakfast by a handicapped person receives press coverage, although the menu and routine does not differ from what nonhandicapped people do.

Another dangerous practice is to attribute the motivation of one handicapped person to the entire group. For example, if a woman with physical handicaps said, "All I want to do is keep my house, and raise my children without having people resent me," then this legitimate wish should be represented as the speaker's. One person's statement cannot be generalized to include all other women with physical handicaps.

This guideline applies to illustrations and photographs in addition to written language. Ideal images of people should be supplanted with pictures representing people in general. Artists should also be sensitive to pictures that might be degrading to handicapped persons.

Guideline 5: *In describing persons with exceptionalities, the language used should be nondiscriminatory and free from value judgments.*

A message is written by an author who has an attitude. According to Kitt and Underwood (1978), the language used by the author broadcasts an attitude; and the message received by a reader will be either confirmed, challenged, or altered based on his/her attitude.

Books, perhaps children's books most of all, are powerful tools by which a civilization perpetuates its values.

Whereas negative attributes of impairments and disabilities are rampant in our language, and to some extent in literature and curriculum, positive attributes are not often described. Curriculum specialists and authors should make a concerted effort to include positive aspects of individual competencies. One pitfall to avoid is a patronizing attitude or charity model of pity in describing exceptional persons.

Materials aimed at young children need careful editing to eliminate unnecessary reinforcement of stereotypes during critical stages of attitude development. How many comic strips or comic books constantly refer to "dummy," "idiot," or "moron?" How many comic strips feature central characters who appear intellectually slower than other figures such as Zero in Beetle Bailey? (See Weinberg & Rossini, 1978.) Images, expectancies, and labels of devaluation are constant themes in preschool literature. Is it surprising that children during those years love to tell riddles and jokes about morons when the media bombards them with degradation of intellectual slowness?

Our language contains several common expressions which have been

categorized according to the type of disability referred to. Sensitivity in selection of words begins with an awareness of which phrases are derogatory. Check your language usage against this list to assess your personal practices.

WORDS THAT DEVALUE INTELLECTUAL HANDICAPS
- Dummy, dumb act, dumb bunny
- Idiot, imbecile, moron
- A ding a ling
- A ree tard
- A lame brain
- Dim wit, simpleton, bird brain
- Mongolian idiot
- A mental

WORDS THAT DEVALUE EMOTIONAL PROBLEMS
- Crazies, Are you crazy?
- Mad scientist, coo coo bird
- Became unhinged, unglued, whacky, nutty

WORDS THAT DEVALUE EPILEPSY
- Had a fit or spells
- Convulsed with laughter
- Pitch a fit
- Foamed at the mouth with rage

WORDS THAT DEVALUE PHYSICAL STATURE
- A dwarfed personality
- Runt of the litter
- A little man
- A shrimp
- 90 lb. weakling

WORDS THAT DEVALUE ORTHOPEDIC HANDICAPS
- A cripple
- Crooked deals
- Lame duck candidates
- One armed bandit
- A basket case
- Clobbered kids
- Pigeon toed
- A spineless person

WORDS THAT DEVALUE SENSORY IMPAIRMENTS
- Deaf and dumb
- Turn a deaf ear
- Deaf to reason
- Mocks the dull ear of time
- Lacking vision
- Blind to the possibilities
- Myopic point of view
- Blind rage
- Evil eye
- Blind as a bat
- Fish eye
- Cold look

If people become more familiar with the actual impairments which the words above describe, the words themselves will lose some of their affective charge and colorfulness. "Crippled" or "blind" does not mean the same thing to someone who has a vague notion of an unknown, therefore feared or bad disease status. Assigning identity on the basis of one stereotyping negative characteristic should be avoided. Consider the difference in nuances of meaning in the following sentence pairs:

Alvin, a blind man, is a musician.
The musician, Alvin is blind.
Jeannie, who is hard of hearing, has to use a hearing aid.
Jeannie can hear very well by using a hearing aid.

Guideline 6: *Persons with exceptionalities and persons without exceptionalities should be shown interacting in ways that are mutually beneficial.*

The Consortium asks,
Are the persons with exceptionalities always shown being helped by others rather than vice versa?
Have your materials shown positive interpersonal relationships between persons with and without exceptionalities?
Do your materials show how persons with and without exceptionalities can communicate naturally, without embarrassing awkwardness?

In many ways this is the most important guideline, and yet perhaps the least understood in terms of deep fundamental implications of value. The dimension of respect for persons with handicaps is really twofold: (1) the interpretation of value assigned to persons with handicaps based on the labels, symbols, and images; (2) the actual level of interactions or involvement such as social contact, sharing, and relating between persons with and without handicaps.

The emphasis of interaction should be on mutual interaction, not doing *for* or *to* a person with handicaps. Educational materials should stress the benefit of mutuality and open, respectful encounter between peers with varying characteristics.

Guideline 7: *Materials should provide a variety of appropriate role models of persons with exceptionalities.*

The Consortium asks,
Have you explored the full range of jobs that persons with exceptionalities do perform, or have you limited yourself to a narrow range of occupations?
Have you ever depicted persons with exceptionalities as parents, community leaders, or business executives?
Do you depict the typical achiever, as well as the super achiever, as a role model?

Role typing can be diminished by the author's choice of examples, such as portraying disabled people as breadwinners, parents, and spouses. Sex stereotyping of handicapped persons in their work roles should also be avoided. Some special educators might believe that they are lucky if they can find any kind of employment for a handicapped person, so they will not fight the battle of perpetuation of sex or race typing. Creators of educational materials must successfully meet these multiple challenges of avoiding sex, racial, and handicap stereotypes.

Another type of subtle degradation of persons with handicaps is the inclusion of statements about disabled people associations with nonhandicapped friends or spouses. Writers may feel compelled to report whether a disabled person's spouse is normal, how many normal children the couple have in an attempt to balance deviancy with explicit acceptability of normal associations. Why should procreation be essential to self worth for handicapped people any more than for others?

Guideline 8: *Emphasis should be on uniqueness and worth of all persons, rather than on the differences between persons with and without exceptionalities.*

The Consortium asks,

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Do your materials foster the appreciation of similarities between persons with and without exceptionalities?

Does your material foster the attitude of "one of them" as opposed to "one of us?"

Our language should imply that deviancies, disabilities, and differences are a part of, not apart from, our society and our common human condition. Goffman discussed (1963) the precariousness of "normalcy" which one can so suddenly and easily lose through mishap or misfortune, causing

> Merely a new alignment within an old frame of reference and a taking to himself in detail what he had known about as residing in others. The painfulness, then, of sudden stigmatization can come not from the individual's confusion about his identity, but from his knowing too well what he has become. (p. 133)

The fair and balanced representation of deviant and exceptional roles, in the end, is important to all of us.

The dilemma faced by writers and publishers of educational materials is to communicate that persons who are handicapped are included (fulfilling Guideline 1) without overemphasis on the negative aspects of the handicap (fulfilling Guideline 8). Sensitivity is necessary to achieve this delicate tradeoff. Parenthetical expressions must be carefully chosen to reflect respect rather than disrespect. If a description of the disability is necessary, then word selection should be positive and syntax should place the disability label in subordinate position. Irrelevant demographic information on physical appearance, state of health, or medical classification should be avoided in the same way references to race, sex, and religion are omitted.

Avoid unnecessary expressions such as "John Jones, a paraplegic" in the same way you avoid "John Jones, a Presbyterian." Dependent clauses can also degrade positive accomplishment when placed next to the disability. For example,

> Although he is crippled, John Jones is a great violinist.
> John Jones is paraplegic, but he has achieved fame as a musician.

Both constructions imply that disability and musicianship are mutually exclusive. It would be more sensitive to discuss the man's musical ability in a separate sentence from his disability. Expanding the description of the person eliminates stereotypic inferences while providing a profile of abilities and strengths.

Guideline 9: *Tokenism should be avoided in the representation of persons with exceptionalities.*

The Consortium asks,
If your materials do represent exceptional persons, have you limited the exceptionalities to deaf, blind, or physically handicapped?
Have any of your materials included the following conditions?
Behavior Problems
Giftedness
Hearing Impairments
Learning Disabilities
Mental Retardation
Multiple Handicaps
Neurological Problems
Physical Handicaps
Serious Emotional Problems

Once again, writers and publishers should be cognizant of the fact that there are all types and levels of physical and behavioral variation represented in educational materials. (Baskin & Harris, 1977. Mullins & Wolfe, 1975).

In summary, recall the analogy between the writer and photographer. The framing of a shot includes consideration of the angle, the lighting, the choice of setting, and the precise moment chosen to capture an image. Authors of educational materials should similarly use judiciousness in representing individuals with handicaps in educational materials.

> Place the individuals in the picture without placing them in the background, and without featuring them only as tokens. Choose settings that positively reflect the underlying values of physical, social, and temporal integration. Capture the human qualities with the right exposure of light and without an angle of deviancy.

This "gee whiz" tone of writing is a veiled insult because it assumes the accomplishments of the handicapped person are flukes . . . noteworthy because of extreme improbability.

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Mainstreaming That Works In Elementary and Secondary Schools

The central idea behind mainstreaming stresses every pupil's right to receive an individually appropriate combination of regular and special education while attending school with all other children. Each school system is obligated by public policy to arrange that, to the extent modern instructional practices allow. Moreover, school systems are encouraged to create new educational configurations to make mainstreaming a reality. Some have done do; others are trying.

Prototypes

In 1968-69, Richardson, Texas, pilot tested a state plan to end separate educational system for handicapped children.

Throughout the United States some large and small communities quietly and effectively merged the education of most children, handicapped and otherwise, years before state and federal courts and legislatures moved the concept high into national awareness. A look at what those communities did and how they did it is instructive now that mainstream access and opportunity are requisite for all handicapped persons. In addition, certain communities that did not make an early voluntary start, but began under the urgency of legal compulsion, have devised or adapted measures so remarkably effective that they deserve special attention.

In Madison, Wis., mainstreaming was smoothly underway five years before P.L. 94-142.

Richardson, Texas

Richardson elected in 1968-69 to pilot a state plan to change the long-prevailing separate educational system for handicapped pupils that characterized Texas and most other states. The design gave school districts the option to inaugurate a special education pattern similar to that later written into P.L. 94-142.

The Richardson central office was reorganized deliberately to open all regular and special education resources to each district. Management authority was decentralized to individual school administrators and faculties, and included decisions about personnel selection, school staffing patterns, use of funds, internal organization of the school, and use of time and funds allocated for inservice education.

Early inservice attempts were disappointing. Courses and faculty members from the region's higher education institutions were not tuned to the schools' needs and objectives. The literature on normalization was not widely known, nor considered revelant to public school settings. Higher education faculty members often had less orientation to the integration of handicapped pupils than did the teachers and principals they were to instruct.

The Richardson teachers and administrators sought capable leaders for inservice activities, some from their ranks and others from nearby higher education institutions. They analyzed their needs and jointly designed units of inservice activity to focus on those needs. Several colleges and universities proved flexible and farsighted enough to adapt to much guidance from local school personnel.

Exceptional children now receive high-quality education in Richardson's regular schools, mostly within neighborhood elementary or secondary buildings. Professional and lay groups are supportive. The Richardson cadre continues to provide leaders for other school systems. (Birch, 1974; Reynolds and Birch, 1977)

Madison, Wisconsin

In Madison, primarily because of joint professional faculty appointments between the University of Wisconsin and the public schools, mainstreaming was smoothly under way five years before P.L. 94-142.

Developmentally disabled children, for example, had long been educated in a special school. The school was well regarded for quality and warmly accepted by most of Madison's citizens, including the pupils' parents. Although some objected, the movement of most of those pupils to regular classes in neighborhood elementary and secondary schools was accomplished cooperatively and without serious incident.

Tacoma, Washington

In Tacoma and Pierce County, 1958 marked the beginning of what may be the nation's first large-scale mainstreaming effort. The policy statement that grew out of local concern and initiative spoke of *progressive inclusion*. Instructional programs and social interactions of handicapped and all other children would be joined systematically

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In Tacoma, Wash., 1958 marked the beginning of what may be the nation's first large-scale mainstreaming effort—progressive inclusion.

while high-quality education would be maintained for both. (Bertness, 1976)

An influence on mainstreaming's acceptance was active participation in all school life by special education teachers. They helped in coaching track teams, sponsoring and preparing high school yearbooks, teaching sections of health classes, directing plays and organizing assembly programs, coaching a school chess team, and doing countless other tasks. They made themselves part of the mainstream of the school. In turn, they received assistance when needed.

Colleges and universities perceived quickly that their education graduates seeking jobs in Tacoma and vicinity needed to accommodate to progressive inclusion. Employers in the region now can select professional personnel who are prepared for school system-wide mainstreaming.

With the 1958 change, Tacoma organized its inservice work into micro-college. Short courses, determined by teacher needs, are offered for professional credit that can lead to advanced qualifications and salary increments. The instructors are mostly experienced teachers or other educators. Classes are held in local schools.

Conditions that Make Mainstreaming Work

More than 25 additional illustrations of operating combinations of special and regular education are recounted by Reynolds and Birch (1977). Some focus indepth on the work of one or two teachers; some relate personal experiences of pupils; others reflect the work of total school faculties; and still others illuminate the anatomy and the developmental history of mainstreaming in residential schools and school systems.

However, most of the sound practice examples have yet to become widely known. When prototypes of progressive inclusion and recent compliance programs are studied, the following conditions that make mainstreaming work emerge.

- Regular educators receive orientation to what adaptations, if any, the inclusion of handicapped pupils calls for.

Four basic conditions make mainstreaming work; all involve regular classroom teacher's knowledge of handicapped children's needs, and cooperation with special education teachers.

- All teachers learn to use the specialized instructional materials exceptional children may need.
- An overt arrangement lets regular class teachers find help from special education teachers for pupils (whether identified as exceptional or not) who have needs beyond those the regular teacher can satisfy readily.
- Regular class teachers get immediate assistance, with no loss of face, if a crisis in class or individual pupil management looms.

Beyond the four general conditions, 10 specific items deserve priority in any preservice or inservice plan, regarding education of handicapped persons. Each deserves fuller treatment in any training effort.

1. Degree or severity of the impairment is irrelevant as a criterion for mainstreaming. Some totally deaf, totally blind, severely crippled, disturbed, or retarded pupils are mainstreamed readily for most or all schooling; some are not. Feasibility depends on the state of the art in educational technology and instructional processes. Availability and portability of instructional materials and staff are more important than the severity of the impairment.

2. Regular-special teacher cooperation brings individual attention youngsters not formally qualified for special education, but who nevertheless are difficult to reach by the regular teacher.

3. When special education starts in the earliest time of life (as it should for deaf, blind, or retarded children) it is often feasible to ready children, their parents, and regular and special teachers to initiate mainstream education from the first day of nursery or kindergarten.

4. Methods and materials designed originally for one category of exceptional children—e.g., talking books for blind pupils, captioned films for deaf pupils, high interest-low vocabulary readers for retarded pupils—often are helpful with other handicapped groups and with non-handicapped pupils.

5. Teachers merit options. Full mainstreaming will rarely be a school system's sole form of special education. Thus no regular teacher should be forced to teach handicapped children, and no special education teacher should be pressured into membership on a mainstream team.

6. Staffing must be appropriate for the needs. Staff redeployment and retraining should end with each child receiving attention equivalent to that supplied under a system of separate special education.

7. Training and supervised experience in team work is essential; it should be accomplished *before* mainstreaming is attempted.

8. A child's individualized instructional plan works only if designed, understood, and kept up-to-date by the team members.

9. Members of teaching teams apportion instruction and share roles. Teachers of handicapped pupils, having special knowledge and skills, do individual or small group work with those pupils whom the team feels need it. Handicapped pupils often are instructed with others by one teacher or an aide while another team teacher prepares for a lesson or does individual or small group tutoring. The special education teacher is a participant in teaching as well as a consultant.

10. Handicapped pupils should rarely leave their class to go separately to a special teacher in another part of the building. Instead, the special activity, the special equipment, and the special personnel should come to the regular class. Thus everyone in the class and on the team are visual participants and comprehend the activity as an ordinary part of their work and responsibility.

Inservice Education for Individualization

Most inservice education activities stimulated by P.L. 94-142 focus on the Individualized Education Program (IEP). As Harvey (1977, p.3) said,

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"Through all the testimony that led up to P.L. 94-142, the most critical concern that seemed to emerge was individualized planning." In all successful prototypes some form of personalized pupils plan was an integral element.

Pressure to get an IEP written for each handicapped child is built into the funding formula of P.L. 94-142. IEPs must comply with 94-142's regulation both in substance and in procedures used to develop them. Teachers and others must learn how to produce acceptable IEPs. Inservice sessions can provide instruction, and a number of models have been proposed.

Kowalski (Kowalski and Payne, 1977) surveyed informally the 27 members of the Council of the Great City Schools to ascertain the status of planning and of implementing training to produce Individualized Education Programs. He reported the Pittsburgh, Pa., IEP Program, designed over the Bishop (1976) conceptional model, to be the most systematic and thorough in the nation's largest school systems. The program can be adapted to school systems of any size.

For many school systems the IEP will be the beginning element of inservice education regarding mainstreaming. If that initial component is based on a conceptual model that encourages feedback and elaboration, it will be found that mainstreaming requires much more than preparing IEP's, important as that is.

Summary

The nation's schools contain a number of excellent examples of mainstreaming at work. Lessons from these are available to help establish content for inservice education. The chief emphasis of inservice education is now, understandably, on the IEP, but that emphasis needs to be broadened. Teacher educators must move agressively in new ways if they are to maintain a significant posture with respect to inservice education for mainstreaming.

Most inservice education has focused on the Individualized Education Program, but mainstreaming requires much more than preparing IEPs.

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HANDICAPISM AND EQUAL OPPORTUNITY: TEACHING ABOUT THE DISABLED IN SOCIAL STUDIES

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A publication of the
FOUNDATION FOR EXCEPTIONAL CHILDREN

This publication was developed by
The Foundation for Exceptional Children
and was made possible by a grant from
The Shell Companies Foundation, whose
contribution is gratefully acknowledged.

1
WHO ARE THE HANDICAPPED?

Recent federal legislation (P.L. 94–142) established the rights of handicapped children to individualized education programs based on their special needs and to education in the least restrictive environment possible. Other legislation and numerous court decisions have recognized the legal and human rights of the handicapped. The concerns of legislators and jurists for the rights of the handicapped reflect a growing societal awareness of the special problems and needs of people whose disabilities have frequently resulted in social discrimination and isolation from the mainstream of society. In large part that awareness has come from increased social agitation and political pressure on the part of handicapped persons and their advocates.

That the handicapped would push for social change through legislation and litigation is not surprising. Despite the fact that disabilities cut across the sexes, ethnic groupings, and social strata, disabled persons have been treated differentially as a single group. Special educators (e.g., Telford & Sawrey, 1967, pp. 37–41) have suggested that in that regard the disabled and minority ethnic groups have much in common. The disabled, too, have been segregated, stereotyped, subjected to prejudice, and made vulnerable to inequities in housing, employment, and education. Bogdan and Biklen (1977) have suggested that the concept of *handicapism* is as applicable to describe the beliefs and practices in regard to the disabled as racism and sexism are in referring to beliefs and practices toward ethnic minorities and women. And, handicapped education stems from the same type of concerns with attitudes toward minorities and their civil rights as do ethnic and women's studies.

DISABILITIES AND HANDICAPS

But, who are those who suffer from handicapism? First, it is necessary to identify the mental, physical, and emotional disabilities that are commonly regarded as handicaps in American society.

How would you respond to the question, Who are the handicapped? For many people, the handicapped are the mentally retarded, the blind, the deaf, and those without limbs. Often, we can readily identify individuals with these disabilities when we encounter them, and we have no problem imagining many of the ways that these disabilities would make normal daily activities very difficult. There are, however, others in the disabled population.

Estimates vary as to the number of Americans who have some kind of mental or physical impairment (see Bowe, 1978, p. 17; Kleinfield, 1979, p. 32). About 36 million appears to be a realistic figure, although some suggest that an estimate as high as 50 million would not be unreasonable. While these numbers may seem to be large, not all these people will be categorized as handicapped.

Disabilities are not necessarily handicaps, and it is helpful to distinguish between the two. A disability or combination of disabilities becomes a handicap only when the condition limits or impedes the person's ability to function normally. When the type or degree of disability has a detrimental effect on an individual's ability to do such things as learn, work, move about the community easily, and have satisfactory social relationships, then, to some extent, the individual is handicapped.

According to this definition, some disabilities may not be handicaps. Each disability must be viewed in terms of its effects in specific contexts to determine whether it is handicapping. For example, the loss of an arm or a leg would be a disability. An amputee who completed his or her education in regular classrooms successfully, without special assistance, might later find that his or her employment opportunities in industry are limited. In that context, that person is handicapped.

Another example suggests a disability often overlooked. Size can be a handicap, also. There may be as many as 100,000 dwarfs in the United States. Since most are of normal intelligence, learning problems for dwarfs are usually no greater than they are for most students (although the height of tables in chemistry laboratories, for example, can pose difficulties). However, extremely short people face numerous difficulties in their daily lives, and have joined organizations such as the National Association for the Handicapped to bring their problems to public attention (Kleinfield, 1975). Included are the possibilities of being injured in crowds, washroom facilities designed for persons of normal height, bus steps that are difficult to reach, furniture that is much too large, lack of proper sized clothing in stores, and reluctance to hire them for many jobs. Of course, being large can also be handicapping, although for many professional athletes, being tall and/or bulky is an asset.

Inability to perform physical or mental tasks is not the only way in which disabilities result in handicaps. Disabled persons frequently do not meet common standards of feminine beauty or masculine prowess. Low self esteem sometimes results (as it may with the nondisabled). Despair and a sense of alienation can come to dominate the person's thoughts, as Goffman's (1965) portrayals of the disabled indicate so movingly. Lack of feelings of self worth and fear of others' reactions to one's disability can become a handicapping condition. Attitude toward self is often mentioned as a major problem for the disabled.

The attitudes of others can also be handicapping. When employers lack confidence in the work abilities of the disabled, or when nonhandicapped persons are reluctant to socialize with them, the result of this handicapism is the same as with racism or sexism—it limits the potential of the minority group.

Attitudes are handicapping in other ways. People have a tendency to attribute additional disabling characteristics to persons with single impairments. Those with cerebral palsy and the hearing impaired are often considered to be retarded, the retarded are thought to be amoral or oversexed, the obese are thought of as jolly and contented, and paraplegics are thought to be morose. Frequently, too, persons are perceived solely in terms of their disabilities, without recognition that there are many differences among disabled people who, in fact, have the same desires and hopes as the nondisabled. Such attitudes lead to self fulfilling prophecies: Disabled persons act and feel as they are expected to act and feel—and are thus handicapped by the attitudes of others.

WHO, THEN, ARE THE HANDICAPPED?

Since disabilities are handicaps only when they result in limitations on a person's ability to function adequately, it may not seem realistic to deal at all with general categories of handicapped people. Yet we do know that many disabilities, by their nature and by the nature of people's reactions to them, are usually handicapping. For example, we know that for educational purposes, children with certain mental, physical, or emotional impairments cannot succeed in regular classrooms without special instruction, and, in some cases, without the additional assistance of support services.

Public Law 94–142 specifically identified the educationally handicapped as children who are mentally retarded, hard of hearing, speech impaired, deaf, orthopedically impaired, visually disabled, learning disabled, or seriously emotionally disturbed. Each of these categories is the generic label for disabling conditions that may, for different individuals, vary in cause, in the degree to which they are handicapping, and in the specific educational needs that result. Within the visually handicapped category, for example, there will be children whose impairment may be conyenital or acquired, partial or complete. Among the children who will be grouped under the orthopedically impaired label will be those whose physical disabilities are the consequences of diseases such as arthritis, cerebral palsy, or muscular dystrophy. Also in this group will be children who have suffered injuries that resulted in serious damage to the spinal cord or in the loss of one or more limbs. Some of the orthopedically impaired will have multiple disabilities and some will not.

Public Law 94–142 also included children with specific learning disabilities in its definition of *handicapped*. *Learning disabilities* is a general term for disorders related to motor activity, perception, memory, language development, and social behavior. Learning disabilities exist when a child of average intelligence experiences difficulty in acquiring and using knowledge and skills, with a discrepancy of 2 or more years between the child's intellectual potential and his or her level of performance. Learning disabilities are much more subtle than physical impairments or mental retardation, and the child with specific learning disabilities is much less obvious to the observer.

Disabilities will be handicapping in environments other than the classroom. In the following chapters, students will be asked to consider the effects in athletics, the visual and performing arts, recreation, social relationships, the world of work, and daily life routine.

RECAP

Even when a disability has been medically or psychologically diagnosed and labeled, we can only estimate the degree to which it will be a handicap. Disabled persons are individuals with unique characteristics, and they respond to their conditions in different ways. Occasionally these responses are such that we may be forced to reassess our opinions about the limiting effects of specific impairments. Some students may be surprised to learn of limbless Thalidomide victims bearing and raising children successfully, of retarded couples marrying and living satisfying lives in the community, of blind students completing university programs, and of physically impaired runners and swimmers with outstanding times. Putting labels on disabilities may be useful (and in some cases may even be required by law) to provide handicapped persons with needed services. It is important, however, that we not overgeneralize about the effects of a disability or otherwise allow our perceptions of the disability to cause us to act in such a manner that we become a handicap to the disabled person.

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